



Gustavus Adolphus College
Teacher Performance Assessment
Student Release Form

(To be completed either by the parents/legal guardians of minor students involved in this project)

Dear Parent/Guardian:

I am a participant, this school year, in a state assessment of new teachers called the TPA (Teacher Performance Assessment). The primary purpose of this assessment is to provide me with feedback on my teaching knowledge and skills.

This project will include submissions of short video recordings of lessons taught in your child's class. Although the video recordings involve both the teacher and various students, the primary focus is on the teacher's instruction, not on the students in the class. In the course of taping, your child may appear on the video recordings. Also, I will need to submit samples of student work as evidence of teaching practice, and that work may include some of your child's work.

No student's name will appear on any materials that are submitted for review. The videotape and student work will only be viewed by trained evaluators. However, some materials may be used for professional development of novice teachers. The form below will be used to document your permission for these activities.

Sincerely,

(Teacher Candidate Signature)

PERMISSION SLIP

Student Name: _____

School: _____

I am the parent/legal guardian of the child named above. I have received and read your letter regarding a teacher assessment being conducted by the student teacher, and agree to the following:

(Please check the appropriate box below.)

☐ I DO give permission to you to include my child's image on video recordings as he or she participates in a class. For student teaching evaluation only, you may also use any materials that my child may produce as part of classroom activities. I understand that no last names will appear on any materials submitted by the teacher candidate.

☐ I DO NOT give permission to video record my child or to reproduce materials that my child may produce as part of classroom activities.

Signature of Parent or Guardian: _____ **Date:** _____