Dear Parent/Guardian/Student:

I am a teacher candidate at West Virginia University, participating in performance assessments to fulfill program requirements for my institution and a state teacher certification requirement. edTPA is a teacher performance assessment for teacher candidates that was created by Stanford University. Other performance assessments were created by West Virginia University. My materials will be submitted to and scored by educators using a secure system.

The edTPA and other performance assessment activities document a series of lessons that I will teach in your child’s classroom and includes short video recordings. The video recordings involve both the teacher and various students. The primary focus is on my instruction, not on the students in the class. In the course of recording my teaching, your child may appear on the video. Also, I will collect samples of student work as evidence of my 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 and materials will be kept confidential at all times. The video recordings and student work I submit will not be made public in any way. Materials I submit will be reviewed by my program at West Virginia University. My assessment materials may also be used by West Virginia University, Stanford University and Pearson under secure conditions for edTPA program development and implementation, including scorer training, and to support continued program improvement activities such as future validity and reliability studies. The form attached will be used to document your permission for these activities.

Sincerely,

______________________________
Teacher Candidate Name

______________________________
Teacher Candidate Signature

______________________________
Date

Version 2.1 (8/18)
Parent/Guardian/Student
Video Release Form

(to be completed either by the parents/legal guardians of minor students involved in this project, or by the student who is involved in this project if he or she is 18 or more years of age)

Student Name: __________________________
School: _________________________________

I am the parent/legal guardian of the child named above. I have read and understand the project description given in the letter provided with this form, and agree to the following:

(Please check the appropriate box below.)

☐ I DO give permission for you to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for edTPA, other performance assessment activities, and educational and program improvement for other teaching candidates at WVU. I understand that my child’s name and any other personally identifiable information about my child will not appear on any of the submitted materials.

☐ I DO NOT give permission for you to include my child’s student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for edTPA, other performance assessment activities, and educational and program improvement for other teaching candidates at WVU.

Signature of Parent or Guardian: __________________________ Date: __________

I am the student named above and am 18 years of age or older. I have read and understand the project description given in the letter provided with this form, and agree to the following:

☐ I DO give permission for you to include my student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for edTPA, other performance assessment activities, and educational and program improvement for other teaching candidates at WVU. I understand that my name and any other personally identifiable information about me will not appear on any of the submitted materials.

☐ I DO NOT give permission for you to include my student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for edTPA, other performance assessment activities, and educational and program improvement for other teaching candidates at WVU.

Signature of Student: __________________________ Date: __________

Date of Birth: __/__/____

MM DD YY