Dear Parent/Guardian:

I am the teacher in your child’s classroom, and I am in the process of completing additional university work through EPP-NAME. As part of Oregon licensure program requirements through the Teacher Standards and Practices Commission, I must complete a teacher performance assessment called the edTPA, which evaluates my effectiveness as a teacher. The edTPA is a portfolio assessment that is developed by the Stanford Center for Assessment, Learning and Equity (SCALE) and is nationally administered by Pearson Education, Inc. As part of this portfolio, I am required to submit lesson plans, lesson materials, digital video recordings of my teaching, samples of student work, and self-reflections. Because your child is a student in the classroom where this assessment will be completed, I am seeking your permission to record videos of the classroom, which may contain images of your child to submit as part of this portfolio to evaluate my teaching skills.

The video recordings will be used to evaluate my instruction. The primary focus of the video recording will be on my instruction, not on the students in the class. While working with the students, I may use a student’s first name when necessary for the teaching activity. *With your permission*, your child may appear on a recording. If you choose not to give your permission for your child to appear in the recordings, your child will still participate in the classroom instruction as usual, she or he will just be seated out of camera range.

Along with making the video recordings of my instruction, I will collect samples of student work to submit to my evaluators as evidence of my teaching practice. No student’s name will appear on any work sample that I submit. These video recordings and student artifacts are essential items for the successful completion of my edTPA and, ultimately, my university program. *Please* *provide or decline consent for your child to appear in a video recording for the purposes of my teacher evaluation and licensure on the back of this letter in Part 1.*

Separate from the uses listed above, you have the option to approve or decline the use of the classroom video for two additional purposes. COLLEGE OR UNIVERSITY NAME requests the use of my classroom videos for the purposes of teacher education and training. And, Stanford University (SCALE), the developers of the edTPA, request the use of the classroom video for training and edTPA enhancement. Whether or not you grant any of these additional permissions has no impact on my university program and performance assessment. Consent can be granted for either, or both, COLLEGE OR UNIVERSITY NAME and SCALE. *Please provide or decline consent for the video mentioned above to be used for the purposes of teacher preparation, and/or edTPA development, on the back of this letter in Parts 2 and 3.*

**In ALL cases, recordings and student work samples will be kept confidential and under secure conditions.**

To give permission, or to decline permission, please complete the back of this letter and return it to your child’s classroom. You may request, or make, a copy of this document for your own records. If you have any questions about the use of the recordings or of your child’s class work, please contact the edTPA Coordinator at my university, CONTACTNAME at PHONE-NUMBER (EMAIL-ADDRESS).

Sincerely,

TEACHER NAME

For more information visit: WEBSITE LINK

**PLEASE RETURN THIS CONSENT FORM**

***(For parents and guardians of students under age 18.)***

**Student name:**

**Student school & district:**

**Teacher:**

**Institution or University:** *COLLEGE OR UNIVERSITY* NAME, CITY, Oregon

**Part 1. May the teacher capture video, in which your child may appear, so they can be evaluated on the edTPA for their teacher licensure?**

      **[Yes]** I give permission for my child to appear on video recordings and to be used in the edTPA evaluation of the teacher candidate listed above. I understand that my child’s first name may be used in those recordings in the natural course of classroom proceedings. I understand these materials will be shared under secure conditions with COLLEGE OR UNIVERSITY NAME and Pearson Education, Inc. for the purpose of evaluating the teacher candidate.

      **[No]** I DO NOT give permission for my child to appear in a video to be used in edTPA evaluation of the teacher candidate listed above.

**Part 2. May COLLEGE OR UNIVERSITY NAME** **use the above mentioned video internally for the purpose of preparing teachers?**

      **[Yes]** I give permission for video recordings of my child to be used under secure conditions by COLLEGE OR UNIVERSITY NAME and its faculty and staff for teacher education and training purposes.

      **[No]** I DO NOT give permission for my child to appear in a video to be used by COLLEGE OR UNIVERSITY NAME for teacher education and training purposes.

**Part 3. May SCALE use the above mentioned video for the purposes of training and enhancement of the edTPA?**

      **[Yes]** I give permission for video recordings of my child to be used under secure conditions by *Stanford University (SCALE)* for training purposes and enhancement and development of the edTPA.

      **[No]** I DO NOT give permission for my child to appear in a video to be used by *Stanford University (SCALE)* for training purposes and enhancement and development of the edTPA.

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

*I am the parent or legal guardian of the child named above. I have read the letter on the opposite side of this form*

*and understand the teacher candidate performance assessment described in the letter.*