Dear Parent/Guardian:

I am a student teacher from Concordia University Nebraska currently working in your child’s classroom this semester. During student teaching, I am required to complete a comprehensive assessment titled the Teacher Performance Assessment (edTPA™). The edTPA requires video recording of a series of lessons in the classroom and submitting examples of student work completed. It may also require audio-recording. More information about the edTPA is available at [www.edtpa.com](http://www.edtpa.com).

In the course of video recording lessons for the edTPA, your child may appear on the video. The samples of student work to submit as evidence of teaching practice may include some of your child’s work. This is not an assessment of your child’s performance. This is an assessment of my instruction and work with students.

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 will not be made public in any way. Materials that are submitted may be reviewed by the Education program at Concordia University, Nebraska, and will be submitted to Pearson Education, Inc. The form below will be used to document your permission for these activities.

Sincerely,

(Student Teacher Name), Concordia University Nebraska Student Teacher

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 Concordia University, and agree to the following:**

*(Please check the appropriate box below.)*

**🞎** I DO give permission to you to include my child’s image on audio and/or video recordings as he or she participates in a class conducted by the Concordia student teacher and/or to reproduce materials that my child may produce as part of classroom activities. No last names will appear on any materials submitted by the teacher. No compensation is to be given to the student or parent or guardian.

**🞎** I DO NOT give permission to audio and/or video record my child nor to reproduce materials that my child may produce as part of classroom activities.

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