

College of Education
Office of Professional Laboratory Experiences
MTSU Box 93
1301 East Main Street
Murfreesboro, TN 37132
Office: (615) 898-2485 Fax: (615) 898-5188



Dear Parent/Guardian:

I am a teacher candidate at Middle Tennessee State University, participating in an assessment of my performance called edTPA to fulfill a program requirement for my institution. edTPA is a performance assessment for teacher candidates created by Stanford University. My edTPA materials will be submitted to and scored by educators in a secure system operated by Pearson, a national testing/publishing company.

The performance assessment documents a series of lessons I teach in your child's classroom and includes short video recordings. Although 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 Middle Tennessee State University. My assessment materials may also be used by 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.

Please complete and return the attached form as quickly as possible.

Sincerely,



Teacher Candidate

**Middle Tennessee State University
College of Education**

Student Release Form

(to be completed either by the parents/legal guardians of minor students involved in this project, or by students who are 18 or more years of age that are involved in this project)

PERMISSION SLIP

Student Name _____

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 to you to include my child's student work and/or image on video recordings as a part of video(s) showing your classroom performance, to be used for the purpose of participating in edTPA.

I understand that my child's full name and any other personally identifiable information about my child will not appear on any of the submitted materials.

I DO NOT give permission to 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 the purpose of participating in edTPA.

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

I am the student named above and I am more than 18 years of age. 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 to you to include my student work and/or image on video recordings as a part of video(s) showing your classroom performance, to be used for the purpose of participating in edTPA.

I understand that my full name and any other personally identifiable information about me will not appear on any of the submitted materials.

I DO NOT give permission to 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 the purpose of participating in edTPA.

Signature of Student: _____ **Date:** _____

Date of Birth: ____/____/____
MM DD YY