

Video Recording Assignment
Teacher Performance Assessment Consortium
Assessment Tasks

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)

Dear Parent/Guardian:

I am a Hamline University teacher candidate participating in a state-wide study to improve teacher education. Part of the study includes video recording how I teach. My teachers will view the video to see how I work with the children I teach. Although the video recording will show both the teacher (me) and some children, the primary focus is on me, not on the children in the class. Also, I will be sending in samples of your child's work with his or her name erased as evidence of how I teach.

This study is being conducted by the Minnesota Department of Education and involves teacher candidates from every Minnesota university that prepares teachers for licensure. If you agree, this video recording (5-10 minutes long) of me teaching will be reviewed by your child's classroom teacher and by me. Then the recording will be viewed by another educator (not from your school or Hamline) who has been trained for the purposes of Teacher Performance Assessment. This video recording will not be shown to anyone else.

Student names will not be on the video recording or any work samples. The form below will be used to document your permission for these activities.

Sincerely, _____ Date _____
(Teacher Candidate)

PERMISSION SLIP

Pupil Name: _____

School and Teacher: _____

Your Address: _____

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 Minnesota Department of Education, and I 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

conducted at _____ by _____
(School's Name) (Teacher Candidate's Name)

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.

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:** _____

I am the pupil named above and am more than 18 years of age. I have read and understand the project description given above. I understand that my performance is not being evaluated by this project and that my last name will not appear on any materials that may be submitted.

I DO give permission to you to include my image on video recordings as I participate in this class and/or to reproduce materials that I may produce as part of classroom activities.

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

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

Date of Birth:

____/____/____
MM DD YY