Dear Parent/Guardian:

I am a student teacher in your child’s classroom and am participating in an assessment for teacher candidates. One of the primary purposes of this assessment is to improve student learning and encourage excellence in teaching.

This assessment requires that a short video of a lesson taught in your child’s class be submitted to my teacher preparation program at California State University, Fullerton. Although the video involves both the teacher and various students, the primary focus is on the teacher’s instruction, not on the students in the class. In the course of taping, your child may appear on the video.

All materials will be kept confidential. Please complete and return the attached Teaching Performance Assessment Permission Form to document your permission for these activities.

Thank you,

__________________________  _____________________
(Teacher Candidate’s Signature)  Date:_____________________

Califonia State University, Fullerton  P.O. Box 6868, Fullerton, CA 92834-6868
The California State University: Bakersfield / Chico / Dominquez Hills / Fresno / Fullerton / Hayward / Humboldt / Long Beach / Los Angeles / Maritime Academy /
TEACHING PERFORMANCE ASSESSMENT

STUDENT PERMISSION FORM

Student Name: ____________________________________________________________

School/Teacher: _________________________________________________________

Please check the appropriate box below.

_____ I give my permission to film (including videotape) my child as s/he participates in a class conducted at ____________________________ (Name of School) by ____________________________ (Name of Teacher Candidate). I also give my permission to record my child’s voice. I understand that (a) my child’s last name will not be recorded; (b) neither I nor my child will receive any compensation for or have any copyright interests in any film or recording; and I will not have the opportunity to inspect or approve any film or recording.

_____ I do not give my permission to film (including videotape) my child as s/he participates in a class conducted at ____________________________ (Name of School) by ____________________________ (Name of Teacher Candidate).

I am 18 years old or older. I am the parent or legal guardian of the student named above. I have read and understand this document, and I am signing it freely.

_________________________________________  ____________________________
Signature of Student’s Parent/Guardian  Date

_________________________________________
Name of Student’s Parent/Guardian (print)