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To: Parents & Guardians

Topic: Student Release Form

From: _____ -- Teacher Candidate, University of Colorado Boulder

_____ -- Mentor Teacher, _____ School

Date:

As a teacher candidate at the University of Colorado, I will be completing a performance assessment project called the Teacher Performance Assessment (edTPA). This assessment will help me improve my teaching. It will also help trained evaluators determine whether I am ready for a teaching license.

To complete this assessment, I will submit

- short video recordings of my teaching in your student's class
- samples of written work by students.

Although the video recordings include both the students and me, the primary focus is upon my instruction, not on the students in the class. In the course of taping, your student may appear on the video recordings. Only the following people may view the video recordings:

- trained evaluators,
- my CU advisors/professors,
- your student's full-time teacher,
- or other student teachers from CU.

I may also submit samples of your student's work, for example short writing assignments, diagrams or pictures, or solutions to math problems. Again, only the following people may view the samples of student work: trained evaluators, my CU advisors/professors, your student's full-time teacher, or other student teachers from CU. **No student's name will appear on any video or written materials that are submitted. The video recordings will never be made public.** They will be viewed by those evaluating my readiness to teach, my CU advisors/professors, your student's full-time teacher, or other student teachers from CU. This form continues on the next page and will be used to document your permission for your child's participation in these activities.

Thank you.



STUDENT INFORMATION RELEASE

FORM FOR edTPA

FROM:		Teacher Candidate
		Mentor Teacher
		Building Principal

Please complete this form and return it to the Mentor Teacher on or before _____ (deadline)

Student Name:	Student Date of Birth:
Street Address:	School:
City/State/Zip:	Mentor Teacher:

If student is under the age of 18, parent/guardian must complete, sign, and date this section. If over 18 the students may complete, sign, and date it for themselves:

I am the parent/guardian of the student named above or am the student **and** I am over 18 years of age. I have received and read your letter regarding a teacher candidate assessment being conducted by the University of Colorado. I grant permission/do not grant permission as indicated below:

Component of Assessment	Please check only one box for each component	
Video Recording: We request permission to include your image on video recordings as you participate in classroom activities conducted by _____. Your last name will NOT appear on any recordings submitted by the student teacher.	<input type="checkbox"/> I give permission	<input type="checkbox"/> I do not give permission
Samples of Student Work: We request your permission to include copy materials that you complete as part of classroom activities as you participate in class conducted by _____. Your name will NOT appear on any materials submitted by the student teacher.	<input type="checkbox"/> I give permission	<input type="checkbox"/> I do not give permission

PARENT/GUARDIAN SIGNATURE: (Students over 18 may sign this for themselves)

Date: _____