**Parent/Guardian Release Form for WSU Recording**

Dear Parent/Guardian:

I am a student teacher at Washington State University (WSU) and am working with your child’s teacher to complete my university program requirements and state licensure. In addition, I must complete a performance-based assessment portfolio.

The assessment portfolio documents a series of lessons I teach to your child and others and includes short video recordings of this instruction. The video recordings’ primary focus is on my instruction, not on the students in the class. While recording my teaching, your child may appear on the video. Additionally, I will collect student work samples as evidence of my teaching practice, which may include some of your child’s work.

No student’s name will appear on any submitted materials, and materials will be kept confidential at all times. The video recordings and student work are submitted in a secure and confidential portal provided by WSU. WSU may use my assessment materials under secure conditions for program development, and implementation and support continued program improvement. The form below will be used to document your permission for these activities.

Sincerely, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Teacher Candidate Signature)

**PERMISSION SLIP**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the parent/legal guardian of the child named above. I have read and understood the project description given in the letter provided with this form and agree to the following: (Please check the appropriate box below.)

[ ]  I DO permit you to include my child’s student work and/or image on video recordings as part of the video(s) showing your classroom performance, to be used to participate in edTPA. However, I understand that my child’s name and any other personally identifiable information about my child will not appear on any submitted materials.

[ ]  I DO NOT permit you to include my child’s student work and/or image on video recordings as part of the video(s) showing your classroom purpose of participating in edTPA.

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

Date: \_\_\_/\_\_\_/\_\_\_