

Teacher Performance Assessment Permission Form

Student Name: _____ **School:** _____

I am the parent/legal guardian of the child named above. I have received and read your letter regarding the teacher candidate assessment, and agree to the following:

(Please check the appropriate blank below.)

_____ **I DO** give permission to you to include my child's image on video as he or she participates in a class conducted at _____ (Name of School) by _____ (Teacher's Name) and/or to reproduce materials that my child may produce as part of classroom activities. I understand that no last names will appear on any materials submitted by the teacher to her/his teacher preparation program.

_____ **I DO NOT** give permission to you to include my child's image on video as he or she participates in a class conducted at _____ (Name of School) by _____ (Teacher's Name) but I do give permission to reproduce materials that my child may produce as part of classroom activities. I understand that no last names will appear on any materials submitted by the teacher to her/his teacher preparation program.

_____ **I DO NOT** give permission to you 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: _____