

Department of Elementary Education

**Certification by Supervising Teacher:
Videotape Parental Permission Obtained by the School**

Student Teacher: _____

Date: _____

I certify that our school has collected video permission slips from all of the families in my classroom and these are kept at the school site. Therefore, my student teacher does **NOT** need to distribute and collect additional video permission slips for the children in my classroom prior to filming the edTPA video.

Name of Supervising Teacher: _____
(please print)

Signature of Supervising Teacher: _____

School _____

District _____