

**College of Education and Human Services
Seton Hall University**

edTPA Video Release Form for Minors

Dear Parents/Guardians:

I am a student teacher in your child's classroom and am required to complete an assessment, known as edTPA, to determine my preparedness to begin teaching. The NJ Department of Education adopted the edTPA as a licensure requirement effective in 2017-2018.

The assessment requires me to plan a series of lessons, teach them, and assess student learning. As part of this work, I must video myself and submit a few of the lessons that I will teach in your child's classroom this semester. The focus of these recordings is on me as the teacher, thus the camera will be directed toward me and the front of the room. However, during the course of my instruction, your child may appear on the video as well. If that is the case, children's faces will be blurred for the final product. I also will be required to submit some student work samples as evidence of my teaching effectiveness. No student names will be used on any of the submitted work samples and within my reflective write up, only initials will be used.

The video recordings will be used solely for purposes of evaluating my instruction and for improving teacher and school leader preparation programs. The only people who see them will be scorers trained by Pearson Testing and university faculty and peers in classroom settings. The recordings will not appear on the internet or in other public settings.

Thank you for your consideration and completing the form below.

_____, Student Teacher Date: _____

_____ Classroom Teacher School: _____

Permission Slip

Student Name _____ Grade _____ Teacher _____

School _____ Student Teacher _____

I am the parent/legal guardian of the child named above. I have received and read the letter regarding the student teacher assessment (edTPA). Please check one:

_____ I **DO** give permission to you to include my child's image on video recordings as he or she participates in class and to reproduce materials that my child completed as part of classroom activities. No student or school names will appear on any materials submitted by the student teacher.

_____ I **DO NOT** give permission to video record my child or to reproduce materials that my child may produce as part of classroom activities.

Parent/Guardian Signature _____ Date: _____