ST. CLOUD STATE UNIVERSITY

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This consent form should be completed EITHER by the parents/legal guardians of minor students involved in this project OR by students who are 18 or more years of age that are involved in this project.

PERMISSION SLIP – Teacher Performance Assessment (edTPA)

Student Name: _____ School/Teacher: _____

Student Address: _____

Student Date of Birth: _____/_____/_____ (Month/Date/Year):_____

I am the parent/legal guardian of the child (minor) named above. I have received, read, and understand your letter regarding the Teacher Performance Assessment tool (Pearson Company) that is being implemented by student teachers at St. Cloud State University. **I understand that no last names will appear on any materials submitted by the student teacher. I understand the name of my child's school or teacher will not be released.** I agree to the following: (Please check the appropriate box below.)

☐ I DO give permission for you to include my child's image on video recordings as he or she participates in a class conducted at _____ (Name of School) by _____ (Student Teacher's Name) and/or to reproduce and submit materials that my child may produce as part of classroom activities.

☐ I DO NOT give permission for you to video record my child or to reproduce and submit materials that my child may produce as part of classroom activities.

Signature of Parent/Guardian: _____ Date: _____

I am the student named above and am more than 18 years of age. I have received, read, and understand your letter regarding the Teacher Performance Assessment tool (Pearson Company) that is being implemented by student teachers at St. Cloud State University. I understand that my performance is not being evaluated by this project and that my last name will not appear on any materials that may be submitted.

☐ I DO give permission for you to include my image on video recordings as I participate in this class and/or to reproduce materials that I may produce as part of classroom activities.

☐ I DO NOT give permission for you to video record me or to reproduce materials that I may produce as part of classroom activities.

Signature of Student: _____ Date: _____