



Date: _____

To: Parents & Guardians

Topic: Video Permission Form – edTPA Teacher Certification Assessment

From: _____ Teacher Candidate

_____ Cooperating/ Mentor Teacher

_____ School

I am a candidate in an initial teacher preparation program that is implementing the edTPA (Teacher Performance Assessment), a national performance assessment for prospective teachers.¹ Successful completion of this assessment is a requirement for teacher certification in Georgia.

This project includes submission of short video recordings of my teaching in your child’s class. Although the video recordings involve both me and various students, the primary focus is upon my instruction, not on the students in the class. In the course of taping, your child may appear on the video recordings. The videotaped lesson will be used for me to reflect on my teaching practice as part of the edTPA and will be loaded in a secure, password-protected electronic course management system. Also, I may submit samples of student work as evidence of my teaching practice, and that work may include some of your child’s work. No student’s full name will appear on any materials that are submitted.

Faculty, cooperating teachers, and/or current or future teacher candidates associated with the program at the University of Georgia and faculty or staff associated with edTPA may see my video and student work samples. These materials will be viewed only under secure, password-protected conditions, never posted on publicly accessible websites, and will never reveal identities of children, schools or districts.

This form continues on the next page and will be used to document your permission for your child’s participation in these activities.

¹For more information about the edTPA, see <http://edtpa.aacte.org/about-edtpa>.

Video Permission Form –edTPA Teacher Certification Assessment

Please complete and return to school on or before _____

| Video Permission Form edTPA Teacher Certification Assessment | |
|--|--------------|
| Student Name: | |
| I am the parent/legal guardian of the child named above. I have received and read your letter regarding the edTPA teacher assessment. I DO give permission to include my child's image on video recordings as he or she participates in class and/or to reproduce materials that my child completed as part of classroom activities. No full student names will appear on any materials submitted by the teacher candidate. | |
| Parent/Guardian Signature: | Date: |

| Video Permission Form edTPA Teacher Certification Assessment For anyone 18 years of age or older | |
|---|--------------|
| Student Name: | |
| I am 18 years of age or older. I have received and read your letter regarding the edTPA teacher assessment. I DO give permission to include my image on video recordings as I participate in class and/or to reproduce materials completed as part of classroom activities. No full student names will appear on any materials submitted by the teacher candidate. | |
| Student Signature: | Date: |

| Video Permission Form edTPA Teacher Certification Assessment | |
|---|--------------|
| Student Name: | |
| I do not give permission to video myself/my child. | |
| Signature: | Date: |