Dear Parent/Guardian:

I am a participant this school year in an assessment for teacher candidates as a part of my work towards a teaching credential. One of the primary purposes of this assessment is to explore student learning and encourage excellence in teaching.

The assessment that I am currently working on requires;

* **that student work samples be submitted to California State University San Bernardino Teacher Preparation Program**
* **A 20 minute video of the lesson taught to your child's class be submitted to California State University San Bernardino Teacher Preparation Program.**

Although the video would show both the teacher and various students, the primary focus is on the teacher's instruction, not the students in the class. Your child may appear in the video.

Your permission is requested that your child's work be allowed to be used. Understand that the work will only be shown to those assessing the examination and that the submission will be confidential. In that all names will be removed from the work and replaced with a student number which remains confidential.

Your permission is also requested that your child be allowed to appear on the video.

Please complete and return the attached Teaching Performance Assessment Form to document your permission for this activity.

Thank you so much for your help in this matter.

Sincerely

**Video Participation Authorization**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 box)

\_\_\_\_\_\_**I Do** give permission to you to include my child's work and appear on the video as he or she participates in a class conducted at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of school) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Teacher Candidate Name)

\_\_\_\_\_\_**I Do Not** give permission to you to include my child's work or appear in the video as he or she participates in a class conducted at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of school) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Teacher Candidate Name)

Signature of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_