

**Teaching Performance Assessments**  
Southern Illinois University Edwardsville

**Student Release Form**

(to 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)

Dear Parent/Guardian:

I am a participant this school year in a pilot of assessment tasks for teacher candidates conducted by the School of Education at Southern Illinois University Edwardsville. The primary purpose of these tasks is to help me become an effective teacher. To that end, the faculty at SIUE are preparing teacher candidates such as myself through a school-based project which involves the analysis of my teaching.

This project may include submissions of short video recordings of lessons taught in your child's class. Although the video recordings involve both the teacher and various students, the primary focus is on the teacher's instruction, not on the students in the class. In the course of taping, your child may appear on the video recordings. I assure that I will upload videos only to the secure, password protected website on the SIUE server provided by my teacher education program. Also, I may submit samples of student work as evidence of teaching practice, and that work may include some of your child's work. No student's last name will appear on any materials that are submitted. The SIUE faculty conducting this study may review my video recordings, my comments and my classroom materials as required for the assignment. Your permission allows the faculty to improve not only my performance but that of other teacher candidates in years to come. The form below will be used to document your permission for these activities.

Sincerely,

\_\_\_\_\_  
(Teacher Candidate Signature)

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**PERMISSION SLIP**

Student Name: \_\_\_\_\_ School/Teacher: \_\_\_\_\_

Your Address: \_\_\_\_\_

**I am the parent/legal guardian of the child named above. I have received and read your letter regarding a teacher assessment being conducted by Southern Illinois University Edwardsville, and agree to the following:**  
*(Please check the appropriate box below.)*

I DO give permission to you to include my child's image on video recordings as he or she participates in a class conducted at \_\_\_\_\_ by \_\_\_\_\_ and/or to reproduce  
(Name of School) (Teacher's Name)

materials that my child may produce as part of classroom activities. No last names will appear on any materials submitted by the 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.

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

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**I am the student named above and am more than 18 years of age. I have read and understand the project description given above. 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 to 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 to video record me or to reproduce materials that I may produce as part of classroom activities.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

