



Consent for Student Teacher Videotaping and Collecting Student Work

I, \_\_\_\_\_, am a student teacher from \_\_\_\_\_ and currently serving in \_\_\_\_\_ classroom at \_\_\_\_\_ School. As part of my student teaching program and Illinois requirements for teacher licensure, I am required to submit video clips of my lessons as well as samples of student work. I am requesting your permission to videotape your child’s classroom and provide copies of your child’s work. Students will not be asked to do anything outside of daily routine classroom activities. The primary focus is on my instruction, not the students in the class. No student’s name will appear on any materials that are submitted and no submissions will be made public. The purpose of the videotaping and student work is for my student teaching to be evaluated by \_\_\_\_\_(College/University) and for edTPA, a teacher performance assessment for teacher candidates required by the Illinois State Board of Education (ISBE). The edTPA materials will be submitted to and scored by educators in a secure environment operated by Pearson, an education services company. My university, ISBE, and Pearson may also use the video clips and student work for additional educational purposes, including program improvements, assessment development and professional development.

Participation in the videotaping is strictly voluntary and will have no impact on your child’s grades or program placement. Your child also has the option to not be videotaped at any time. If you have any questions, please feel free to contact my university at \_\_\_\_\_. Thank you for your support.

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

School: \_\_\_\_\_

Please Select the Option Below:

\_\_\_\_\_ I consent to (my child/me) being videotaped and releasing copies of student work as described above. I also give permission for the student teacher’s university, ISBE and Pearson to use any of these materials for educational purposes, including program improvements, assessment development, and professional development.

\_\_\_\_\_ I do not consent to (my child’s/my) participation in being videotaped or releasing copies of student work. To accommodate this request, I am aware that (my child/I) may have (his or her/my name) or image edited out of the video during this project. I am aware that my failure to consent will not affect grades or program placement.

\_\_\_\_\_  
Signature of Parent or Guardian or Student if age 18 or over

\_\_\_\_\_  
Date