



University of Colorado
Boulder

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To: Parents & Guardians
Topic: Student Release Form
From: _____ -- Student Teacher, University of Colorado Boulder
_____ -- Cooperating Teacher, _____ School
_____ -- Building Principal, _____ School

Date:

As a student teacher at the University of Colorado, I will be completing a performance assessment project called the *Teacher Performance Assessment (edTPA)*.

This assessment will help me improve my teaching.

It will also help trained evaluators determine whether I am ready for a teaching license.

To complete this assessment, I will submit

- short video recordings of my teaching in your student's class
- samples of written work by students.

Although the video recordings include both the students and me, the primary focus is upon my instruction, not on the students in the class. In the course of taping, your student may appear on the video recordings. Only the following people may view the video recordings: trained evaluators, my CU advisors/professors, your student's full-time teacher, or other student teachers from CU.

I may also submit samples of your student's work, for example short writing assignments, diagrams or pictures, or solutions to math problems. Again, only the following people may view the samples of student work: trained evaluators, my CU advisors/professors, your student's full-time teacher, or other student teachers from CU.

No student's name will appear on any video or written materials that are submitted. The video recordings will **never** be made public. But, they will be viewed by those evaluating my readiness to teach, my CU advisors/professors, your student's full-time teacher, or other student teachers from CU.

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

Thank you.

STUDENT INFORMATION RELEASE FORM FOR TPA SECONDARY

School: _____

FROM:		Student Teacher, University of Colorado Boulder
		Cooperating Teacher
		Building Principal

Please complete this form and return it to the Cooperating Teacher on or before _____	
Student Name:	Student DOB:
Street Address:	School:
City/State/Zip:	Cooperating Teacher:

IF STUDENT IS UNDER THE AGE OF 18, PARENT/GUARDIAN MUST COMPLETE, SIGN, AND DATE THIS SECTION:		
I am the parent/legal guardian of the child named above. I have received and read your letter regarding a student teacher assessment being conducted by the University of Colorado. I grant permission/do not grant permission as indicated below:		
Component of Assessment	CHECK ONLY ONE BOX FOR EACH COMPONENT	
	I give permission	I DO NOT give permission
Video Recording: We request permission to include your student's image on video recordings as he/she participates in classroom activities conducted by _____. Your student's name will NOT appear on any recordings submitted by the student teacher.		
Samples of Student Work: We request your permission to include copy materials that your student completes as part of classroom activities as he/she participates in class conducted by _____. Your student's name will NOT appear on any materials submitted by the student teacher.		
PARENT/GUARDIAN SIGNATURE:	DATE:	

-- OR --

IF STUDENT IS AGE 18 OR OLDER, STUDENT MUST COMPLETE, SIGN, AND DATE THIS SECTION:		
I am the student named above and am 18 years of age or older. 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 by the student teacher. I grant permission/do not grant permission as indicated below:		
Component of Assessment	CHECK ONLY ONE BOX FOR EACH COMPONENT	
	I give permission	I DO NOT give permission
Video Recording: We request permission to include your image on video recordings as you participate in classroom activities conducted by _____. Your last name will NOT appear on any recordings submitted by the student teacher.		
Samples of Student Work: We request your permission to include copy materials that you complete as part of classroom activities as you participate in class conducted by _____. Your name will NOT appear on any materials submitted by the student teacher.		
STUDENT SIGNATURE:	DATE:	