



Concordia University Chicago Education Programs

Student Release Form

Dear Parent/Guardian:

_____ is completing the Student Teaching Internship with Concordia University Chicago in your child's classroom this semester. The State of Illinois requires that all Student Teacher Interns complete a comprehensive assessment titled the Teacher Performance Assessment (edTPA™). The edTPA requires video recording of a series of lessons in the classroom and submitting examples of student work completed. More information about the edTPA is available at www.edtpa.com.

In the course of video recording lessons for the edTPA, your child may appear on the video. The samples of student work to submit as evidence of teaching practice may include some of your child's work. This is not an assessment of your child's performance. This is an assessment of the Student Teacher Intern's instruction that is required to obtain a Professional Educator License in Illinois.

No student's name will appear on any materials that are submitted, and materials will be kept confidential at all times. The video recordings and student work will not be made public in any way. Materials that are submitted will be reviewed by my program at Concordia University Chicago and submitted to Pearson Education, Inc.

The form below will be used to document your permission for these activities. Please return one copy to the Student Teacher Intern. The other copy is for your personal records. Please contact Concordia University faculty Joy Mullaney, Coordinator of Office of Field Experience at 708-209-3479 or Daniel Low, Coordinator of edTPA at 708-209-3061 for further questions.

Sincerely,
Dr. Joan McGarry

Dr. Joy Mullaney

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 Concordia University, 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. No compensation is to be given to the student or parent or guardian.

I DO NOT give permission to video record my child nor to reproduce materials that my child may produce as part of classroom activities.

Signature of Parent or Guardian: _____ Date: _____

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 nor to reproduce materials that I may produce as part of classroom activities.

Signature of Student: _____ Date: _____

Date of Birth: ____/____/____
MM DD YY