

Disclaimer: The New Jersey Department of Education has provided this as a sample only. In order for districts to use this document, local protocols must be followed to verify legal accuracy.

Video/Audio Permission Form – Clinical Intern in the Classroom

Dear Parent/Guardian (or student at least 18 years old):

Your student may have a clinical intern (student teacher) in their classroom this year who is required to complete the edTPA, a state-approved performance assessment administered and overseen by Pearson Assessments in conjunction with the clinical intern’s undergraduate program. The edTPA assessment is part of the process to gain initial certification as a public school teacher. It is designed to ensure that new teachers not only understand educational theory and subject matter content, but can demonstrate their ability to lead a classroom and ensure that students with diverse strengths and needs are learning. More information on the edTPA can be found on their website: <http://edtpa.aacte.org> and detailed information about edTPA security and privacy policies can be found here: <http://www.edtpa.com/Content/Docs/ConfidentialityAndSecurity.pdf>.

As part of the edTPA performance assessment, a clinical intern must demonstrate teaching effectiveness by submitting a portfolio of lessons they planned, video/audio recordings of a classroom lesson and samples of student work they have graded. Some of these materials will be shared with trained reviewers from Pearson Assessments and may also be used to train other clinical interns, faculty, and staff. These materials will be viewed under secure, password-protected conditions, never posted on publicly accessible websites. While the clinical interns are instructed not to mention students by full name in their video/audio submissions, students may appear in the video or their voices may be heard during the course of the fifteen minute presentation. Additionally, the samples of graded work submitted as part of the clinical intern’s portfolio will not include any students’ names or other identifying information.

Please complete the form below to indicate whether or not you grant permission for your child’s participation in these activities. Thank you for your consideration and for your support as the state seeks to provide every child in New Jersey with qualified and effective educators.

| Student Permission Slip edTPA Teacher Certification Assessment Tasks Please Complete and Return to your Child’s Teacher on or before _____ (date) | |
|--|--|
| Student’s Name: | Student’s Date of Birth: |
| Street Address: | School: |
| City/State/Zip Code: | Teacher: |
| I am the parent/legal guardian of the child names above. I have received and read the letter regarding a teacher assessment and agree to the following: (Please initial beside either I DO or I DO NOT box below.) Your child will not be penalized if you choose: I DO NOT give permission. | |
| | I DO give permission to include my child’s image on video recordings as he or she participates in class conducted at my child’s and/or to reproduce materials that my child completed as part of the classroom activities. No student’s name will appear on any materials submitted by the student teacher |
| | I DO NOT give permission to video record my child or reproduce materials that my child completed as part of classroom activities. |
| Parent/Guardian Signature: | Date: |