



To: Parents and Guardians

From: _____, Teacher Candidate, Rowan University;

Teacher Candidate name

_____, Principal at _____; and

Building Principal name

school name

Dr. Gaëtan Jean-Marie, Dean, College of Education, Rowan University

Hello,

I am a teacher candidate at Rowan University. As part of my education program I must complete the edTPA (Teacher Performance Assessment), a portfolio designed to assist my development in becoming a teacher. Another purpose of edTPA is to develop a nationally available assessment of teaching that can measure readiness to teach and lead to the improvement of those working toward teacher certification. The edTPA, developed by Stanford University, is approved and required by the state of New Jersey in order to obtain initial certification to teach in public schools. It is administered and overseen by Pearson Education, Inc., in conjunction with Rowan University.

This portfolio includes submissions of short video recordings (approximately 20 minutes) of my teaching. Although the video recordings involve both me and various students, the primary focus is on my instruction, not on the students in the class. In the course of taping, your child may appear in the video recordings. I am required to use only equipment owned by Rowan University to record and store my videos. In addition, I must submit samples of student work as evidence of my teaching practice, and that may include some of your child's work. No student's name will appear on any materials that are submitted.

More information on the edTPA can be found on [edTPA's website](#) and detailed information about edTPA security and privacy policies can be found [here](#).

This form continues on the next page and will be used to document your permission for your child's participation in these activities. If you do not wish your child to be video recorded, I will ensure that your child is placed outside the recording device's view.

College of Education

Education Hall
201 Mullica Hill Road
Glassboro, NJ 08028-1701

856-256-4750
856-256-4918 fax

If you have any questions, please contact your school principal or my Rowan University College of Education supervisor, _____

(enter supervisor name and Rowan email address)

Student Permission Slip Teacher Performance Assessment Tasks	
Please Complete and Return to your Child's Teacher on or before _____ (Enter date here)	
Student Name or ID #:	Student Age:
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 Rowan University, and agree to the following: <i>(Please initial either the I DO or the I DO NOT box below.)</i>	
<input type="checkbox"/>	I DO give permission to you to include my child's image on video recordings as he or she participates in class conducted at school by _____ and/or to reproduce materials that my child my completed as part of classroom activities. No student names will appear on any materials submitted by the student teacher.
<input type="checkbox"/>	I DO NOT give permission to video record my child or to reproduce materials that my child may produce as part of classroom activities.
Parent/Guardian Signature:	Date:
Permission Slip for Students More Than 18 Years of Age	
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>(Please initial either the I DO or the I DO NOT box below.)</i>	
<input type="checkbox"/>	I DO give permission to you to include my image on video recordings as I participate in this class and/or reproduce materials that I may produce as part of classroom activities.
<input type="checkbox"/>	I DO NOT give permission to video record me or to reproduce materials that I may produce as part of classroom activities.
Student Signature:	Date: