Dear Parent/Guardian:
This semester, your child’s class is working with __________________________, a student teacher from the University of San Diego School of Leadership and Education Sciences. All teacher credential candidates are required to complete a Teaching Performance Assessment. The assessment contains a 15 – 20 minute video of one or more lessons. Although the video will show both the student teacher and various students, the primary focus is on the student teacher’s instruction, not on the students in the class. The recording will only be used by faculty to assess the student teacher’s performance and evaluate our program effectiveness. The assessment also contains samples of student work as evidence of learning. No student last names will appear on any submitted materials, and all materials will be kept confidential.

Please complete and return the Permission Form to document your permission for these activities.

Sincerely,

Helene T. Mandell
Dr. Helene T. Mandell, Director Field Experiences
USD School of Leadership and Education Sciences

PERMISSION FORM

Student Name ___________________________________________________________

School/Teacher __________________________________________________________

I am the parent/legal guardian of the child named above. I have received and read your letter regarding the University of San Diego student teacher in my child's classroom and agree to the following: (Please check the appropriate blank below.)

_____ I DO give permission for my child to appear on a video recording and understand my child’s name will not appear in any material written accompanying the recording.

_____ I DO NOT give permission for my child to appear on the video recording, and understand that he/she will be seated outside of the recorded activities.

_________________________________________  __________________________
Signature of Parent or Guardian                          Date