

Brooklyn College
School of Education
Department of Early Childhood and Art Education

Open House regularly has student teachers who are involved in a New York State required assessment, conducted by Brooklyn College which is part of a multi state consortium overseen by Stanford University and the American Association of Colleges of Teacher Education. The student teacher's participation in this project is mandatory and is designed to assist in his/her development in becoming a teacher. Another purpose of this project is the development of a uniform and nationally available teaching assessment tool. This assessment, known as the EdTPA is mandatory in New York State, as of January 1, 2014.

This project includes submissions of short video recordings of the student teacher's performance. Although the video recordings will involve both the student teacher and classroom students, the primary focus is upon the student teacher's instruction, not on the children in the class. In the course of taping, your child may appear on the video recordings. Also, the student teacher may submit samples of children's work as evidence of his/her own teaching practice, and that work may include some of your child's work. No children's name will appear on any materials that are submitted. If the video recordings are to be used for any other purpose, separate permission will be specifically requested by Brooklyn College.

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

The student teacher and participating teacher spaces will be left blank until if and when a Brooklyn Collage Student teacher is placed in your child's class.

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To: Parents & Guardians
 Topic: Student Release Form
 From: _____ – Student Teacher, Brooklyn College
 _____ – Cooperating Teacher, _____ School
 _____ – Cooperating Teacher (work Site), _____ School

Date:

Student Permission Slip Please Complete and Return to Open House	
Student Name:	Student Age
Class:	School: Open House Nursery School
School Zip Code: 11201	Cooperating Teacher:
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 Brooklyn College, and agree to the following: <i>(Please initial either the I DO or the I DO NOT box below.)</i>	
	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.
	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: