



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK
Professional Education Unit

Dear Student/Parent/Guardian:

I am a student teaching candidate from The College at Brockport, State University of New York (SUNY) and have the opportunity to work with your child during my required student teaching placement as I learn the skills and background needed to become a teacher. Providing your child with the greatest opportunity for success and developing my skills as a teacher are my highest priorities.

As part of the requirements for this placement, my teaching will be video recorded. This video recording will be used as part of a new teaching certification requirement for New York State called the edTPA, a teacher performance assessment. In the course of recording my teaching, your child may appear on the video. The video recordings will not be publicly displayed in any way.

Also, I will be required to collect and submit samples of student work, and your child's work may be included. No student's name will appear on any materials that are submitted and these materials will be kept confidential at all times. Materials I submit may be reviewed by my program at the College at Brockport and used under secure conditions for edTPA implementation.

In order to begin this process, I am required to obtain permission from students 18 years of age or older or from parents/guardians for those students under age 18. The enclosed form is provided for this purpose.

Thank you in advance for your support. If you have any questions, you are welcome to contact me or my college supervisor as indicated below.

Sincerely,

Teacher Candidate: _____

Program: _____

Email: _____

College Supervisor: _____

Email: _____

Classroom Teacher: _____

The teacher candidate is to complete the information above before distributing.



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Student Release Form

(To be completed either by students who are 18 years of age or older or the parent/guardian.)

Teacher Candidate Name: _____

I am the parent/legal guardian of the child named below. I have read and understand the description given in the letter provided with this form, and agree to the following:

(Please check the appropriate box below.)

- I DO give permission to include my child's work and/or image on (a) video recording(s) to be used for the purpose of assessing and improving your teaching and Brockport's teacher education program for instructional purposes. I understand that my child's name and any other personally identifiable information will not appear on any of the materials.
- I DO NOT give permission to include my child's work and/or image on (a) video recording(s) to be used for the purpose of assessing and improving your teaching or Brockport's teacher education program for instructional purposes.

Print Student Name: _____

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 description given in the letter provided with this form, and agree to the following:

- I DO give permission to include my work and/or image on (a) video recording(s) to be used for the purpose of assessing and improving your teaching and Brockport's teacher education program for instructional purposes. I understand that my name and any other personally identifiable information about me will not appear on any of the materials.
- I DO NOT give permission to include my work and/or image on (a) video recording(s) to be used for the purpose of assessing and improving your teaching or Brockport's teacher education program for instructional purposes.

Signature of Student: _____ **Date:** _____