

California State University, Long Beach
College of Education

Multiple Subject Credential Program
Single Subject Credential Program

(Print) Teacher Candidate Name

STUDENT RELEASE FORM for CalTPA TASKS 3 & 4*

*To be completed by the parents/legal guardians of minor students involved in this project, or by students who are more than 18 years of age who are involved in this project.

Dear Parent/Guardian:

I am a participant this school year in the state-mandated California Teaching Performance Assessment (CalTPA) for teacher candidates. The primary purpose of this assessment is to demonstrate my progress in becoming a high quality teacher.

The Task 3 project requires that I submit samples of student work as evidence of teaching practice; that work may include some of your child's work. No student's last name will appear on any materials that are submitted. All materials will be kept confidential. The Task 4 project requires that I submit a short videotape of a lesson I teach in your child's class, as well as samples of student work. Although the videotape involves both myself 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 on the videotape. The **Authorization** below will verify your permission for these activities.

Sincerely, _____
(Teacher Candidate Signature)

Student Name: _____ Classroom Teacher _____

School: _____

Address: _____

AUTHORIZATION

I am the parent/legal guardian of the child named above. I have read your description above regarding a teacher candidate assessment and agree to the following (please check the appropriate box below):

_____ **I DO** give permission to you to reproduce my child's classroom work for use in a teacher candidate assessment project. No last names will appear on any materials submitted by the teacher candidate.

_____ **I DO** give permission to you to include my child's video-recorded image for use in a teacher candidate assessment project. I understand the video will be used only for assessment purposes and will be viewed by the teacher candidate and faculty assessors.

_____ **I DO NOT** give permission to video-record my child or to reproduce materials that my child may produce as part of classroom activities.

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 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 DO** give permission to you to include my video-recorded image as I participate in this class and/or to reproduce materials that I may produce as part of classroom activities for the purpose of a teacher candidate assessment project. I understand the video will be used only for assessment purposes and will be viewed by the teacher candidate and faculty assessors.

_____ **I DO NOT** give permission to video-record me or to reproduce materials that I may produce as part of classroom activities.

Signature of Student: _____ Date _____

Date of Birth: ____/____/____

September 24, 2009