



Weslaco Independent School District

Human Resources Department

Telephone (956) 969-6619
Fax (956) 969-6932

319 West 4th Street
P.O. Box 266
Weslaco, TX 78599-0266



Dr. Richard Rivera
Superintendent of Schools

Informed Consent for edTPA Video Release Form

To: Parents & Guardians

Topic: Informed Consent Form – edTPA Teacher Certification Assessment

From: _____ Teacher Candidate
 _____ Educator Preparation Program
 _____ Cooperating/Mentor Teacher
 _____ Building Principal
 _____ School Date

I am a candidate in an educator preparation program that is implementing the edTPA, a performance assessment for prospective teachers. ¹Successful completion of this assessment is a requirement of my educator preparation program and for certification.

The edTPA documents a series of lessons I teach in your child’s classroom and includes short video recordings. While the videos will focus on my instruction, your child may appear on the recordings. The videotaped lesson will be used for me to reflect on my teaching practice as part of the edTPA. Additionally, I may submit samples of student work as evidence of my teaching practice, and that work may include some of your child’s work. These materials will be viewed only under secure, password-protected conditions, never posted on publicly accessible websites, and will never reveal identities of children, schools or districts.

The materials submitted as part of edTPA will not be made public in any way. Materials I submit may also be used by Pearson under secure conditions for edTPA program development and implementation, including scorer training. This form will be used to document permission for your child’s participation. If you choose not to give permission, your child will still participate in the classroom instruction as usual and will be seated out of camera range.

Please visit <http://www.edtpa.com/Content/Docs/ConfidentialityAndsecurity.pdf> for more information about confidentiality and security.

¹For more information about the edTPA, see <http://edtpa.aacte.org/about-edtpa>



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Student Permission Slip Please complete and return to your child's teacher before: _____	
Student Name:	
I am the parent/legal guardian of the child named above. I have read and understand the project description given in the letter provided with this form, and agree to the following: <i>Please check the appropriate box below.</i>	
<input type="checkbox"/>	I <u>DO</u> give permission to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of participating in edTPA I understand that my child's name and any other identifiable information about my child will not appear on any of the submitted materials.
<input type="checkbox"/>	I <u>DO NOT</u> give permission to include my child's student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of participating in edTPA.
Parent/Guardian Signature:	Date:

Permission Slip for students more than 18 years of age. Please complete and return to your teacher before: _____	
Student Name:	
I am the student named above and am more than 18 years of age. I have read and understand the project description given in the letter provided with this form, and agree to the following: <i>Please check the appropriate box below.</i>	
<input type="checkbox"/>	I <u>DO</u> give permission to include my student work and/or image on video recordings as part of video(s) showing your classroom performance, to be used for the purpose of participating in edTPA I understand that my name and any other identifiable information will not appear on any of the submitted materials.
<input type="checkbox"/>	I <u>DO NOT</u> give permission to include my work and/or image on video recordings as part of video(s) showing your classroom performance to be used for the purpose of participating in edTPA.
Signature:	Date:
Date of Birth:	