



CALIFORNIA STATE  
**UNIVERSITY**  
E A S T B A Y

College of Education and Allied Studies  
Department of Teacher Education

25800 Carlos Bee Boulevard, Hayward, CA 94542  
510.885.3027 (phone) • 510.885.4632 (fax) • [www.csueastbay.edu/teach](http://www.csueastbay.edu/teach)

Dear Parent/Guardian:

As part of my course work at California State University, East Bay and for the purpose of passing a mandated state required teacher performance assessment called the edTPA, I need to record videos of myself teaching in your child's classroom. In the course of recording my teaching, your child may appear on the video. Although the video recordings involve both the teacher and various students; the primary focus is on my instruction, not on the students in the class. Also, I will collect samples of student work as evidence of my teaching practice, and that work may include some of your child's work.

All videos will be recorded using a secure platform and will be viewed by university faculty, students in the credential program, and Pearson Assessment Inc. to assess my readiness to teach. The videos will not be made public in any way.

Also, I will collect samples of student work as evidence of my teaching practice, and that work may include some of your child's work. No student's name will appear on any materials that are submitted and materials will be kept confidential at all times. My assessment materials may also be used by California State University, East Bay, Stanford University (the developers of the edTPA), and Pearson Evaluation under secure conditions for educational purposes, edTPA program development and implementation, including scorer training, and to support continued program improvement activities such as future validity and reliability studies. The form attached will be used to document your permission for these activities.

Sincerely,



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ESTIMADO PADRE / TUTOR:

Como parte de mi curso académico en la Universidad Estatal de California, East Bay y con el propósito de una evaluación obligatoria requerida por el estado llamada edTPA, necesito documentar con videos mis métodos de instrucción en el salón de clase de su hijo/a. En el curso de la grabación de mi enseñanza, su hijo puede aparecer en el video. Aunque las grabaciones de video involucran tanto al maestro como a varios estudiantes; El enfoque principal está en mi instrucción, no en los estudiantes de la clase.

Todos los videos serán grabados usando plataforma segura y serán vistos por la facultad de la universidad, los estudiantes en el programa de credenciales y Pearson Assessment Inc. para evaluar mis métodos y estilo de instrucción. Los videos no se harán públicos de ninguna manera.

Además, recolectaré muestras del trabajo de los estudiantes como evidencia de mi práctica docente, y ese trabajo puede incluir trabajo de su hijo. El nombre del estudiante no aparecerá en ningún material y los materiales se mantendrán confidenciales en todo momento. Mis materiales de evaluación también pueden ser utilizados por la Universidad Estatal de California, East Bay, la Universidad de Stanford (los desarrolladores de la edTPA) y la Evaluación de Pearson en condiciones seguras para propósitos educativos, desarrollo e implementación del programa edTPA, incluyendo entrenamiento de evaluadores y para apoyar el continuo aumento del programa y para futuros estudios de validez y fiabilidad. El formulario adjunto se usará para documentar su permiso para estas actividades.

Sinceramente,



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## PARENT AUTHORIZATION

Student Name: \_\_\_\_\_

School/Teacher: \_\_\_\_\_

I am the parent/legal guardian of the student named above. I have received and read your letter regarding the teacher candidate assessment, and agree to the following:

*Please check the appropriate line below.*

\_\_\_\_\_ **I DO** give permission to you to videotape my child as he or she participates in a class. I understand that the video will be confidential.

\_\_\_\_\_ **I DO NOT** give permission to you to video tape my child as he or she participates in a class conducted at

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Teacher-Candidate's Name).

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)



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LA AUTORIZACIÓN POR PADRES

Nombre del Estudiante: \_\_\_\_\_

Escuela/Maestro/a: \_\_\_\_\_

Yo soy el padre/guardián del estudiante mencionado arriba. He recibido y leído su carta con respecto a la evaluación de candidatos para maestro, y estoy de acuerdo con lo siguiente:

*Favor de marcar la apropiada línea abajo.*

\_\_\_\_\_ **SÍ, LE DOY** mi permiso a Ud. de incluir la imagen de mi hijo/a en un video mientras que él/la participe en una clase realizada en \_\_\_\_\_ (Nombre de Escuela) por

\_\_\_\_\_ (Nombre de candidato para Maestro/a). Entiendo que el video sólo será visto por los tasadores.

\_\_\_\_\_ **NO, NO LE DOY** mi permiso a Ud. de incluir la imagen de mi hijo/a en el video mientras que él/la participe en una clase realizada en \_\_\_\_\_ (Nombre de Escuela) por

\_\_\_\_\_ (Nombre de candidato para Maestro/a)

\_\_\_\_\_

(Firma del Padre o Guardián)

(Fecha)



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### AUTHORIZATION—STUDENTS OVER 18 YEARS OF AGE

Student Name: \_\_\_\_\_

School/Teacher: \_\_\_\_\_

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 name will NOT appear on any materials that may be submitted.

\_\_\_\_\_ **I DO** give permission to you to videotape me as I participate in this class.

\_\_\_\_\_ **I DO NOT** give permission to you to videotape me as I participate in this class.

Signature of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_\_



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## AUTORIZACIÓN POR ESTUDIANTES SOBRE DE 18 AÑOS DE EDAD

Nombre del Estudiante: \_\_\_\_\_

Escuela/Maestro/a: \_\_\_\_\_

Yo soy el/la estudiante mencionado/a arriba y soy mayor de 18 años de edad. He leído y entiendo la descripción del proyecto dada arriba. Entiendo que mi desempeño NO está siendo evaluado por este proyecto y que mi apellido NO aparecerá en ningunas materias que podrían ser sometidas.

\_\_\_\_\_ **SÍ, LE DOY** mi permiso a Ud. de incluir mi imagen en el video mientras que participe en esta clase.

\_\_\_\_\_ **NO, NO LE DOY** permiso a Ud. de incluir mi imagen en el video mientras que participe en esta clase.

Firma del Estudiante: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_/\_\_\_/\_\_\_

Fecha: \_\_\_\_\_



Principal Authorization Form

Student Teacher/Intern’s Name: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student teachers in California State University East Bay’s Teacher Credential Program, and every credential program in the State of California, are required to pass a teacher performance assessment, including a teaching video, in order to be recommended for their credentials. At CSU East Bay candidates will be completing edTPA. Candidates are required to obtain parental consent to film the video in their student teaching placements. Candidates show the signed parental consent forms to the principal who verifies consent by signing this Principal Authorization Form. Identifying information about students will NOT appear on any materials submitted by the candidates. The video and materials will be confidential and will only be viewed by the edTPA assessors.

Please indicate the type of permission that is collected in your school:

- Parents of the students in this class have signed permission slips allowing their children to be videotaped.
  
- Parents of the students in this class have had the opportunity to “opt out” by signing a form requesting that their child not be videotaped.
  
- Other, please describe here: \_\_\_\_\_

\_\_\_\_\_  
Please list the names of students in this class whose parents have NOT given permission or have signed an “opt out” form requesting that their children NOT be videotaped or that their work not be used.

Principal’s name: \_\_\_\_\_

Principal’s signature: \_\_\_\_\_ Date: \_\_\_\_\_