



Teaching Performance Assessment Parent Letter

Dear Parent/Guardian:

This semester, your child's class is working with _____, a student teacher from the Department of Education at CSU Chico. All teacher credential candidates are required to complete a Teaching Performance Assessment. The assessment contains a 15 – 20 minute video of one or more lessons.

Although the video would show both the student teacher and various students, the primary focus is on the teacher's instruction, not on the students in the class. The recording will only be used by faculty to assess the student teacher's performance and evaluate our program effectiveness. The assessment also contains samples of student work as evidence of learning. No student last names will appear on any submitted materials, and all materials will be kept confidential.

Please complete and return the Permission Form to document your permission for these activities.

Sincerely,

Deborah Summers, EdD
Chair, Department of Education
California State University, Chico

Mimi Miller, PhD
Multiple Subject Program Coordinator
California State University, Chico

PERMISSION FORM

Student Name _____

School/Teacher _____

I am the parent/legal guardian of the child named above. I have received and read your letter regarding the CSU Chico student teacher in my child's classroom and agree to the following:

(Please check the appropriate blank below.)

_____ **IDO** give permission for my child to appear on a video recording and understand my child's name will not appear in any material written accompanying the recording.

_____ **IDO NOT** give permission for my child to appear on the video recording, and understand that he/she will be seated outside of the recorded activities.

Signature of Parent or Guardian

Date



CHICO UNIFIED SCHOOL DISTRICT

Administrative Offices
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Chico, CA 95928-5999
phone: (530) 891-3000
fax: (530) 891-3220
www.ChicoUSD.org

PARENT PERMISSION FORM FOR PUBLISHING STUDENT PHOTOGRAPHS
AND STUDENT WORK ON THE CHICO UNIFIED SCHOOL DISTRICT WEBSITES
AND IN DISTRICT-RELATED PUBLICATIONS

Student Name (please print) _____

Parent/Guardian Name (please print) _____

Teacher (please print) _____

Grade _____ School _____

I understand that my child's photograph and class work could appear on the Chico Unified School District websites and publications throughout the year and that any such publication is not for profit and neither my child nor my family will be compensated for any such use.

I understand that no last names, home addresses, email addresses, or telephone numbers will appear with any photograph or published work. Students will only be identified by first name.

I also understand that the Chico Unified School District has no control over non-District media sources and their use of my child's likeness, name or photograph.

Please check all that apply and sign below.

Subject to the above conditions, do you grant permission for the publishing of the student's photograph and/or student work done by the child named above on the Chico Unified School District websites and any District-related publications?

_____ YES _____ NO

Do you grant permission for the Chico Unified School District to release my student's photograph and/or student work done by the child named above to local area newspapers, understanding that such newspapers may print your student's name in full along with any such photographs and/or student work, and that the Chico Unified School District has no control over non-District media sources and their use of your child's likeness, name, or photograph?

_____ YES _____ NO

Parent/Guardian Signature _____

Date _____

Student Signature _____

Date _____

