Date: __________________________

Dear Parent/Guardian:

_______________________________ (name of teacher) is a participant this school year in a required assessment for teacher candidates. One of the primary purposes of this assessment is to improve student learning and encourage excellence teaching.

This assessment requires that a 20-30 minute video of a lesson taught in our child's class be submitted to the teacher preparation program at the College of Education, Sacramento State. Although the video may show both the teacher and various students, the primary focus is on the teacher's instruction, not on the students in the class. In the course of taping, your child may appear on the video.

Also, the teacher candidate may be asked to submit samples of student work as evidence of the quality of his/her teaching practice, and the student work samples may include some of your child's work. No student's last name will appear on any materials that are submitted.

Upon completion of the videotaping assignment, the teacher candidate will extract two to three ten-minute segments to be assessed by faculty. A segment will be scored and used along with other data to assess the candidate's competency as a potential beginning teacher. Upon receipt of an official score, the candidate will give the remaining video to his or her faculty member of record. The video not used for scoring purposes will be erased. The ten-minute segment will be filed and maintained by the College of Education Teacher Preparation Center for seven years.

Please complete and return the- attached Performance Assessment for California Teachers (PACT) Permission Form to document your permission for these activities.

Sincerely,

Stephanie C. Biagetti, Ph.D.
Associate Professor and Instructor for PACT
PERFORMANCE ASSESSMENT FOR CALIFORNIA TEACHERS (PACT) PERMISSION SLIP

Student Name: ____________________________ School Teacher: ____________________________

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

(Please check the appropriate box below.)

[ ] I DO give permission to you to include my child's image on video as he or she participates in a class conducted at:

__________________________________________________________________________ by __________________________________________________________________________

(Name of School) (Teacher Candidate's Name)

and/or to reproduce materials that my child may produce as part of classroom activities. I understand that no last names will appear on any materials submitted by the teacher to his/her teacher preparation program.

[ ] I DO NOT give permission to you to include my child's image on video as he or she participates in a class conducted at:

__________________________________________________________________________ by __________________________________________________________________________

(Name of School) (Teacher Candidate's Name)

but DO to reproduce materials that my child may produce as part of classroom activities. I understand that no last names will appear on any materials submitted by the teacher to his/her teacher preparation program.

[ ] 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.

(Please check the appropriate box below.)

[ ] I DO give permission to you to include my image on video as I participate in this class and/or to reproduce materials that I may produce as part of classroom activities.

[ ] I DO NOT give permission to you to include my image on video as I participate in this class but I DO give permission to reproduce materials that I may produce as part of classroom activities.

[ ] 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: _________/_________/_________  

MM  DD  YY