



Cleveland State University

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College of Education and Human Services
Office of the Dean

TEACHER PERFORMANCE ASSESSMENT PARENT INFORMATION LETTER

Dear Parent/Guardian:

As you probably know, there is a student teacher from Cleveland State University working in your child's classroom. To evaluate their teaching, the student teacher is required to complete a new Teacher Performance Assessment. This letter provides information about this requirement and asks for your consent for your child to participate.

The student teacher will be videotaped in the classroom, and the student teacher will collect and analyze student work. The student teacher will then select and submit short video segments and student work samples to be scored. Although the video recordings involve the students, the primary focus is on the teacher's instruction, not on the students. Your child may appear in the videos, and copies of your child's work may be submitted as part of the assessment. Collecting these materials will not interfere with your child's classroom experience nor will they be used to evaluate your child's academic progress in any way.

When all the materials are ready, the student teacher will upload them to Pearson, the company that has been contracted to manage scoring for this national assessment. Videos and student work may also be used by Cleveland State University for program evaluation and the development of professional development materials for new student teachers or supervisors. Student teachers may show video segments to university supervisors, fellow supervisors, or prospective employers.

All materials collected will be treated with confidence. Obviously, anonymity is impossible since students may be recognizable in a video. However, your school and your district will not be identified by name in any materials submitted. In any videos shown to anyone besides the classroom teacher and immediate supervisor, your child will be identifiable by first name only. No last name will appear on any materials submitted. Interns will store edited videos on a secure server and will be given clear directions about maintaining student confidentiality. If server space becomes a consideration, the files will be deleted from the college servers.

Your child's participation is completely voluntary. Whatever you decide, please return the attached consent form with your child as soon as possible. If you do not wish to provide your consent, your child will be seated in a portion of the room where they will not be videotaped (although their voice may still appear in the video). If your child inadvertently appears on the video, I will not use any of these portions in any edited version of the tape.

I hope that you will be supportive of this project. We strongly believe that this assessment will benefit our interns and will ensure that we are developing better ways to assess teacher performance. If you desire further information about this project, please do not hesitate to contact me at the Office of the Dean, Cleveland State University, 2121 Euclid Avenue, Cleveland, OH 44115, (216) 875-9774 or b.yusko@csuohio.edu.

Sincerely,

Brian P. Yusko, Ph.D.
Associate Dean of Academic Programs

TEACHER PERFORMANCE ASSESSMENT PERMISSION SLIP

Student Name: _____

Student Address: _____

School: _____ Teacher: _____

I have received and read your letter regarding the Teacher Performance Assessment, and agree to the following (please check the appropriate box below):

- I DO give consent to video record my child or reproduce my child's work during regular classroom activities. I understand that my child will be identifiable on the tape by first name only and that my child or I may discontinue participation at any point without any consequence to me or my child.
- I DO NOT give permission to video record my child or to reproduce materials that my child may produce as part of classroom activities. Please make every effort not to videotape my child during my class. (If you check this option, videotaping will still be conducted, but every effort will be made to keep your child out of the video. If your child appears inadvertently on the video, these portions will be edited out in any videos that are shown to anyone besides me, my supervisor, and Dr. Yusko.

Student Name (print)

Parent/Legal Guardian Name (print)

Student Signature

Parent/Legal Guardian Signature

Date