

SAMPLE PARENT LETTER FROM SUPERINTENDENT/PRINCIPAL REGARDING TEACHING PERFORMANCE ASSESSMENT

Dear Parent/Guardian:

The Commission on Teacher Credentialing (CTC) and the California Department of Education (CDE) would like to inform you of a new credentialing requirement pursuant to Senate Bill 2042 (Chapter 548, Statutes of 1998) and SB 1209 (Chapter 517, Statutes of 2006) concerning the performance assessment of multiple and single subject credential candidates.

This assessment of teaching performance is designed to measure the candidate's knowledge, skills, and ability relative to the adopted *California Standards for the Teaching Profession*, as these are exemplified in the *Teaching Performance Expectations (TPEs)*.

This assessment process requires that the credential candidate be **video recorded (via analog or digital recording)** while teaching in the classroom. The video recording will become part of the candidate's official credential file at the approved teacher preparation program and will be retained for five years. The CTC and the CDE request your permission to record a lesson in your student's classroom so that candidates will be able to demonstrate teaching competence through this essential performance assessment. In addition, the credential candidate must submit copies of student work from the lesson that is recorded. If you decide not to allow your student to be recorded, he or she will be moved out of the visual range of the camera for the lesson. However, the student's voice might be heard on the tape.

We appreciate your assistance with helping credential candidates in our district complete the performance assessment requirement. You can find additional information about this assessment on the CTC Teaching Performance Assessment Web site at <http://www.ctc.ca.gov/educator-prep/TPA.html>. Please return the permission form to your student's classroom teacher.

Sincerely,

Superintendent/Principal

Date

Teacher Candidate Name: _____ Date: _____
(Print)

**SAMPLE PARENT LETTER FROM TEACHER CANDIDATE REGARDING
TEACHING PERFORMANCE ASSESSMENT**

Dear Parent/Guardian:

I am 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 in teaching.

This assessment requires that a 20-30 minute video of a lesson taught in your child's class be submitted to my teacher preparation program _____
(*name of teacher preparation program*). Although the video would 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, I may be asked to submit samples of student work as evidence of the quality of my 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. All materials will be kept confidential. Please complete and return the attached Teacher Performance Assessment Permission Form to document your permission for these activities.

Sincerely,

(Teacher Candidate's Signature)

SAMPLE TEACHING PERFORMANCE ASSESSMENT 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 teacher candidate assessment, 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 **I DO** give permission 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