

# STUDENT RELEASE FORM

(to be completed either by the parents/legal guardians of minor students involved in this project, or by students who are more than 18 years of age that are involved in this project)

## Dear Parent/Guardian:

I am a participant this school year in an assessment to certify experienced teachers as outstanding practitioners in teaching. My participation in this assessment, which is being conducted by the National Board for Professional Teaching Standards, is voluntary. The primary purposes of this assessment are to enhance student learning and encourage excellence in teaching.

This project requires that short videotapes of lessons taught in your child's class be submitted. Although the videotapes involve 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 videotape. Also, at times during the year, I may be asked to submit samples of student work as evidence of teaching practice, and that work may include some of your child's work.

No student's last name will appear on any materials that are submitted. NBPTS, at its sole discretion, may use and distribute my videotape(s), my comments and my classroom materials for assessment, professional development and research purposes, and any other purpose NBPTS deems appropriate to further the mission of the organization. The form below will be used to document your permission for these activities.

Sincerely, \_\_\_\_\_  
(Candidate Signature)

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## PERMISSION SLIP

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Student Name: \_\_\_\_\_ School/Teacher: \_\_\_\_\_

Your Address: \_\_\_\_\_

**I am the parent/legal guardian of the child named above. I have received and read your letter regarding a teacher assessment being conducted by the National Board for Professional Teaching Standards (NBPTS), and agree to the following:**

*(Please check the appropriate box below.)*

- I DO** give permission to you to include my child's image on videotape as he or she participates in a class conducted at \_\_\_\_\_ by \_\_\_\_\_ and/or to reproduce materials that my child may produce as part of classroom activities. No last names will appear on any materials submitted by the teacher.
- (Name of School) (Teacher's Name)
- I DO NOT** give permission to videotape 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.**

- I DO** give permission to you to include my image on videotape 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 videotape me or to reproduce materials that I may produce as part of classroom activities.

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

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