**STUDENT RELEASE FORM**

This form is to be completed by either the parents or legal guardians of each minor student or by the student over 18 years old.

Dear Parent/Guardian or Student over 18:

The District has a partnership with Black Hills State University School of Education and will continue to assess the performance of the student teachers during their internships.

This assessment (PRAXIS® Performance Assessment for Teachers – PPAT) is being conducted by the Educational Testing Service (ETS.) As part of the requirements, student teachers will be submitting samples of student work and a short video/audio recording as evidence of their teaching practice. That work may include your child’s work. We are committed to full confidentiality and no student’s last name, school name, or teacher’s name will appear on any materials submitted.

ETS and the teacher preparation program at Black Hills State University, will not use and distribute the student teacher comments, classroom materials and video including your child’s work.

We respect the rights of the families; if you feel that you do not want to give permission for sending your child’s work and image/audio recording to ETS to score the student teacher’s teaching practice, we would like you to complete the form below for our records.

Sincerely,

Micheline A. Nelson

Director of Field Experiences & Certification Officer

Micheline.Nelson@bhsu.edu

Phone: 605-642-6077

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

***To return to the school office*** *only if you* ***do not give your permission***

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*I am either the student over 18 or the parent/legal guardian of the child named above. I have read and understand your letter regarding the student teacher assessment being conducted by ETS and the BHSU teacher preparation program.* ***I understand that students’ name will not appear on any materials submitted*** *and elect not to give permission to use sample works or video/audio recordings for the purposes described in this letter.*

Signature of Parent/Guardian or Student over 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_