



BLACK HILLS
STATE UNIVERSITY

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,
Mrs. Jami Kesling
Director of Field Experiences
jami.kesling@bhsu.edu
Phone: 605-642-6077

*****Return
this form to your teacher by _____

Student’s Name: _____

School: _____

Teacher’s Name: _____

Your Address: _____

I am the parent/legal guardian of the child named above. I have read the information above regarding the Praxis Performance Assessment for Teachers being administered by ETS and agree to the following:

Materials (check one)

- I **DO** give permission to submit materials that my child has completed as part of classroom activities.
- I **DO NOT** give permission to submit materials that my child has completed as part of classroom activities.

Video Recording (check one)

- I **DO** give permission to include my child in video recordings of classroom activities.
- I **DO NOT** give permission to include my child in video recordings of classroom activities.

Signature of Parent/Guardian or Student over 18: _____ Date: _____