EXHIBIT A
PERMISSION FORM

P-12 STUDENT INFORMATION
CONSENT AND RELEASE AGREEMENT

The West Virginia State University teacher candidates frequently teach lessons and interact with students in the public schools. These activities take place under the guidance of classroom teachers as a part of the requirements of the teacher education program. In order to guarantee student privacy and ensure your agreement for your child to participate, please sign and return this form to the classroom teacher.

In order to grade a teacher candidates’ performance, some lessons must be recorded. Therefore, your student may appear in the video as they participate in the lesson. The tape also serves as a self-evaluation tool for the student teacher. Approval for the student’s first name, picture, art, written work, voice is requested to be used for instructional purposes in West Virginia State University classes. An example could be a video of students engaged in a classroom activity which may or may not personally identify the student.

Parent/guardian release to West Virginia State University is required; however, be assured that any student information acquired will be used for instructional purposes to better prepare our future teachers. The assessment requirements adhere to West Virginia Department of Education Policy 4350. If you do not wish to provide your consent, your child will not be videotaped but be seated where they will not be videoed. Furthermore, their materials that your child may produce as part of classroom activities will not be reproduced for the teacher performance assessment.

Parent/Guardian understand and agree that:

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photo, video or student work may be used in subsequent years;
- No last names will appear on any material submitted by the teacher candidate.

__________________________________________
Student Name:

__________________________________________
Classroom 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

☐ I DO give permission to include my child’s work.
☐ I DO NOT give permission to include my child’s work.

Parent/Guardian (please print): ____________________________________________

__________________________________________  ____________________________
Parent/Guardian Signature                      Date