



Screen Recording Consent Form

[Candidate's full name] is in a teacher preparation program at California State University, Fullerton. To earn a California Multiple Subject Teaching Credential, [Candidate's full name] is required to complete the California Teaching Performance Assessment (CalTPA) and submit screen recordings to be observed by their clinical coach. Candidates also record lessons throughout student teaching for the sole purpose of clinical coach observations. Any recordings for observations will only be viewed by the candidate and the candidate's coach.

Name of Student: _____

Name of Parent/Guardian/Family Member:

_____ **Name of School and/or District:**

I have received and read the description about the California Teaching Performance Assessment (CalTPA) and observation recordings. Please see this site for this description - shorturl.at/jpES3

I voluntarily agree to the following:

- ☐ I **DO** agree for the above-named student to participate in the CalTPA and the observational recordings. I understand these activities are intended to evaluate the teacher candidate and will not be used to evaluate the performance of the district, school, teacher of record, other educators or aids in the classroom, or students. The video recordings will not be shared with anyone from the school or district. The video recordings may be accessible only by educators associated with the candidate's preparation program (e.g., faculty and support providers); assessors who will be trained to score these assessments under secure information management conditions; and CalTPA staff for assessor and faculty training, revising the assessment, and as exemplars to assist programs and candidates. California Commission on Teacher Credentialing (CTC) staff may review the video recordings for quality control purposes or related matters as part of the assessment development process.
- ☐ I **DO NOT** agree for the above-named student to participate in the CalTPA nor any other observational recordings. I would like them to participate in regular classroom activities with their video off during these occasions.

Signature of Parent/Guardian/Family Member:

_____ **Date:** _____

Name of Teacher Candidate: _____

Name of Teacher Candidate's Preparation Program: CSU Fullerton