



California State University SAN MARCOS

School of Education California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001
Tel: 760.750.4300 Fax: 760.750.3352 www.csusm.edu/education

Dear Parents,

I am currently enrolled at California State University San Marcos Credential Program and fulfilling my requirements to secure my teaching credential. I am completing my Clinical Practice in your child's classroom this semester and enjoying working with the students. Your child's teacher is a mentor to me during this entire process. We work together to develop lessons to ensure your child is receiving the appropriate education for their grade level.

The California Department of Education Teacher Credential Department requires me to pass the Teacher Performance Assessment to receive my preliminary credential. This includes writing lesson plans and presenting the lessons to a class as well as showing my knowledge of assessment. I am required to provide a video tape of me teaching a lesson. The camera will be focused on me and not your child.

This communication with you serves as an explanation of why and how I will be videotaped. Please return this form to me as soon as possible. If you choose not to give me permission to have your child in the video, her or she will be allowed to participate in the lesson, but will not be shown on the video.

Thank you for the opportunity to work with your child during my Clinical Practice experience. If you have any further questions you can contact my cooperating teacher, _____, or email me at _____.

Sincerely,

Teacher Candidate Signature

Teacher Candidate Printed Name

I give permission for my child, _____, to participate in the lesson where the teacher candidate will be video-taped.

Parent Signature _____

Date _____

Printed Name _____

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