



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
Abbey Lane
Levittown, New York 11756



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Consent for Video Recording

Name of Student: _____

Student's Date of Birth: _____

The purpose of video recording is to evaluate the teaching performance of student teachers. It is a requirement for teacher certification and completion of a college education program. This evaluation of a student teacher is called the education Teacher Performance Assessment (edTPA). During the course of videotaping students may appear in the video.

I hereby consent to and authorize my child to appear in a video recording of a student teacher at Levittown School District.

Parent Name: _____
(Please print)

Parent Signature: _____

Date : _____

If student is 18 years of age or older:

Student Signature: _____

Date: _____