



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



Darlene Rhatigan  
Assistant Superintendent for Administration/Personnel  
516-520-8300 Ext. 606  
Fax: 516-520-8332

**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: \_\_\_\_\_