

ADULT RELEASE FORM

(to be completed by non-students who are involved in this project)

Dear Sir or Madam:

I am a participant this school year in an assessment to certify teachers as outstanding practitioners in teaching. My participation in this assessment, which is being conducted by the National Board for Professional Teaching Standards (National Board), is voluntary. The primary purposes of this assessment are to enhance student learning and encourage excellence in teaching.

This assessment requires that I submit short audiovisual recordings and/or photographs of lessons being taught in class. Although the recordings/photographs will show or involve students and others, the primary focus is on my instruction. In the course of this assessment, your image and voice may be recorded on the video, and you may be photographed, with the recordings/photographed then submitted to the National Board.

No last name (other than mine) will appear on any materials that I submit (my **Submissions**). The National Board has broad rights to use my Submissions and I assign to the National Board all of my rights in and to the Submissions. Specifically, the National Board owns and may use my Submissions in any way it chooses consistent with the mission of the National Board, which includes any activity deemed by the National Board to further education. For instance, without limitation, in addition to uses related to my assessment by the National Board and its third-party assessors, the National Board may use and distribute the Submissions, such as by posting in a password-protected online database, and grant others the same rights, for educational, research, and professional development purposes, and may use the Submissions in the National Board works and publications. The National Board may receive fees from those to whom it grants rights related to the Submissions. These uses may make my Submissions available for viewing by a broad range of individuals, educators, and students.

If you agree to participate in the activities as outlined above and to the National Board's right to use the Submissions on the terms and in the manner described above, please sign below. I will retain this form documenting your permission, but may provide it to the National Board upon request.

Sincerely, _____
(Candidate Signature)

Permission Slip

Name: _____

Address: _____

School/Teacher: _____

I am the person named above. I have received and read your letter regarding a teacher assessment being conducted by the National Board and agree to the following:

I DO give permission to you to record my image and voice on video and take photographs of me as a participant in a class conducted

at (Name of School) _____

by (Teacher's Name) _____

as part of classroom activities, and for the National Board to use any such recordings or photographs on the terms and conditions described above. No last names (other than the teacher's) will appear on any materials submitted to the National Board, and I waive any claims or rights that I may have with respect to such recordings or photographs.

I DO NOT give permission to you to record my image and voice as part of classroom activities.

Signature: _____ Date: _____

PARTICIPANT