

## PPAT® Assessment Teacher of Record Permission Form for Colleagues and Other Adult Participants

**To Whom It May Concern:**

I am a candidate taking the PPAT® Assessment required by my state department of education (named below). As part of my assessment responses, I would like to submit samples of your work as evidence of my teaching practice. Your name will not appear on any materials that are submitted. I will also submit a short video recording of my teaching. Although you and other students in the classroom may be included in the video recording, the primary focus is on my instruction, not the students or other adults in the class.

My responses, including all written commentary, your work samples and video that I submit, will be viewed by ETS raters while scoring my assessment. These responses may also be used to train new ETS raters for the scoring of future assessments. My written commentary may be used by ETS in the development of a library of examples for future teacher candidates. The Library will not include work samples and the video.

Please complete the information below and check the appropriate boxes to document your permission for submitting your work and including you in a video recording.

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

State Department Requiring the Assessment: \_\_\_\_\_

***I am the individual named above. I have read the information above regarding the PPAT Assessment being administered by ETS and agree to the following:***

Materials (check one)

I **DO** give permission to submit materials that I have completed as part of classroom activities.

I **DO NOT** give permission to submit materials that I have completed as part of classroom activities.

Video Recording (check one)

I **DO** give permission to include me in video recordings of classroom activities.

I **DO NOT** give permission to include me in video recordings of classroom activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

