

PPAT® Assessment Permission Form for Students Under 18

Last Updated 7/18/22

Dear Parent/Guardian:

Vaur Namer

I am a candidate taking the $PPAT^{\otimes}$ assessment required by my educator preparation program (named below). As part of my assessment responses, I would like to submit samples of your child's work as evidence of my teaching practice. Your child's name will not appear on any materials that are submitted. I will also submit a short video recording of my teaching. Although your child 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, student 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 educator preparation program may also review my responses to help me improve my teaching performance. 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 the student work samples and video.

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

Tour Name.	
Your Child's Name:	
Your Address:	
School Your Child Attends:	
Student Teacher's Name:	
Student Teacher's Educator Preparation Program and State:	
I am the parent/legal guardian of the child named above. I have r regarding the PPAT Assessment being administered by ETS and ag	
Materials (check one)	
\square I $\underline{ t DO}$ give permission to submit materials that my child has completed	l as part of classroom activities.
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	pleted as part of classroom
Video Recording (check one)	
\square I $\underline{ t DO}$ give permission to include my child in video recordings of classro	oom activities.
\square I DO NOT give permission to include my child in video recordings of c	classroom activities.
Signature of Parent/Guardian:	Date: