



Candidate Name: _____ GA CERT ID: _____

GACE® Teacher Leadership Assessment Permission Form for Colleagues and Other Adult Participants

Last Updated 2/17/16

To Whom It May Concern:

I am a candidate taking the Georgia Assessments for the Certification of Educators® (GACE®) Teacher Leadership assessment, and I would like to submit documentation I received from you (e.g., emails, letters, charts, forms) as evidence in my assessment portfolio. Your name will not appear on any documents that are submitted.

Educational Testing Service (ETS), the GACE program, and the Georgia Professional Standards Commission (GaPSC), at their sole discretion, may use and distribute my comments and my materials (including your documentation) for assessment, professional development, and research purposes, and any other purpose ETS, the GACE program, and the GaPSC deem appropriate.

Please complete the information below and check the appropriate box regarding permission for submitting this documentation in my assessment portfolio.

Your Name: _____

Your Address: _____

School Where You Are Employed: _____

I am the individual named above, and I am over the age of 18. I have read the information above regarding the GACE Teacher Leadership assessment being administered by ETS and agree to the following (check one):

I DO give permission to submit documentation from me in your assessment portfolio.

I DO NOT give permission to submit documentation from me in your assessment portfolio.

Signature: _____