



Candidate Name: _____ GA CERT ID: _____

GACE® Teacher Leadership Assessment Permission Form for Students Over 18

Last Updated 2/17/16

Dear Student:

I am a candidate taking the Georgia Assessments for the Certification of Educators® (GACE®) Teacher Leadership assessment, and I would like to submit documentation of your feedback 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 documentation of your feedback) 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 You Attend: _____

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 of my feedback in your assessment portfolio.
- I DO NOT** give permission to submit documentation of my feedback in your assessment portfolio.

Signature: _____