



School Leader Candidate's Name: \_\_\_\_\_

School Leader Candidate's Educator Preparation Program: \_\_\_\_\_

**Performance Assessment for School Leaders (PASL)  
Permission Form for Colleagues and Other Adult Participants**

**Last Updated 5/7/20**

**To Whom It May Concern:**

I am a candidate taking the Performance Assessment for School Leaders (PASL). As part of my assessment responses, I would like to submit materials from colleagues as evidence of my professional practice. These materials may include email messages and written feedback. Your name will not appear on any materials that are submitted. I will also submit a short video recording of my facilitation of groups of colleagues. Although you may be included in the video recording, the primary focus is on my facilitation, not on the adults in the recorded session.

My responses, including all written commentary, collected materials 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 school leader candidates. The library will not include collected materials and the video.

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

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

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

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

***I am the individual named above. I have read the information above regarding the Performance Assessment for School Leaders (PASL) being administered by ETS and agree to the following:***

Materials (check one)

I **DO** give permission to submit materials from me as evidence of professional practice.

I **DO NOT** give permission to submit materials from me as evidence of professional practice.

Video Recording (check one)

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

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

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