

Parent Validation

I have reviewed _____ pages of _____ pages of my child's portfolio. I certify that it is his/her work, and reflects his/her performance.

Comments:

(Signature and Date)

Administrator Validation

Date:

Dear _____,
(Teacher's Name)

I have reviewed the learner characteristics and entries of

_____ 's Collection of Evidence
(Student's Name)

and I certify it is his/her work.

Comments:

(Signature of Building Administrator)

(Title)

(School)

Test Security Validation Form (Grades 4, 7, and 10 only)

Date: _____

I certify that all test security procedures have been followed with respect to
_____ 's DC CAS-Alt Composition Assessment.

(Student Name)

To maintain test security, all paper-based pre-write materials are included with the portfolio entry and all support materials generated electronically have been deleted/destroyed.

Comments:

(Signature of Test Administrator)

(Signature of Building Administrator)

(Title)

(School)

Parent Permission to Photograph, Audiotape, or Videotape

I give my permission for _____ to provide
(teacher name)

- photographs,
- audiotape,
- videotape

for my son /daughter _____ . I understand this information will be included in my son/daughter's Collection of Evidence for the DC CAS-Alt portfolio and will be used for educational purposes only. Any reproduction of my son/daughter's assessment for scoring or training purposes will require that all identifying information be removed.

_____ Parent/Guardian

_____ Date