Assessment Approval Form

This form must be completed to request the approval of a non-required assessment. The requesting school is responsible for any funding, materials, and/or training required for the non-required assessment. If this additional assessment is approved, the school is still expected to complete all required assessments.

Please complete all sections of this form and return to Nora Dolak for approval.

School ______________________ Date _____________________

Requested by (name of person) ______________________________________________________

Assessment name ______________________________________________________________

Tested Subjects/Grades ____________________________________________________________

Website of the assessment (if available) _____________________________________________

Reason for the request: ____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Explain how data will be used from the assessment:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Funding Source: _________________________________________________________________

Director’s Approval: _____ Yes      _____ No

______________________________________________________________________________

Director’s Signature _____________________________ Date _______________________

cc: Assistant Superintendent and Assessment Coordinator