

Multiple Measures Assessment: Observational Tool Request for Approval Form

Submit completed form to: Director of Educator Preparation and Pathways Unit or Designee

EPP Name:	
Contact (Person completing form):	
Email:	
Assessment Name*:	
1) What endorsement are you using this MMs observation tool for?	
2) Describe the plan for test/tool administration (e.g., observation scheduling: when-frequency/where-setting), and how you will ensure standardized processes:	
3) Describe how you ensured the observational tool is valid for intended purposes (e.g., alignment to endorsement standards, connecting practice to content, alignment with other similar assessments, peer-reviewed, etc.)	

4) Describe how you will determine and monitor the reliability of your observation tool?	
5) Other comments/plans that you would like considered:	

*Attach copy and submit with this form

TSPC comments only:

Approval given by (TSPC designee print name)

Signature _____ date _____