

TEACHER PREPARATION PROGRAM COMPLETER DISCLOSURE FORM

I hereby give permission to the Louisiana Department of Education to release my State teacher evaluation data to an authorized representative of my teacher preparation program at **NAME OF PROVIDER** _____ and to an authorized representative of the Louisiana Board of Regents (BOR) for the purpose of program evaluation, program improvement, accountability, teacher support, and research.

If required to be submitted and if already submitted to the institution that delivers my teacher preparation program, I hereby give permission to an authorized representative of my teacher preparation program at **NAME OF PROVIDER** _____ to release my ACT or SAT score and date exam taken, my high school GPA, my GPA at program admission and GPA at program completion, my Teach GRANT recipient status, my TOPS status, and the observation scores used to make certification recommendations to an authorized representative at the Louisiana Department of Education and to an authorized representative of the Louisiana Board of Regents for the purpose of program evaluation, program improvement, accountability, teacher support, and research necessary to be conducted to achieve these purposes.

I understand that my participation in the aforementioned is voluntary. I understand that I will not be penalized in any way for refusing to participate.

The State teacher evaluation data will be provided by the Louisiana Department of Education during the time period I am enrolled in my preparation program as a teacher candidate (if applicable) and for the first three years of teaching after I have completed my teacher preparation program.

I understand that the authorized representatives will ensure that my data and any of the contributing data are confidential and will not be released or shown to any person except authorized employees of my teacher preparation program, the Louisiana Department of Education and the BOR, except as otherwise required by law. I understand that the aforementioned authorized representatives will keep all personally identifiable data confidential and store it in a secure manner that limits access to authorized personnel. It is my understanding that if my data are to be used for purposes other than program evaluation, program improvement, accountability, teacher support, and research, the institution, program provider, the Louisiana Department of Education or BOR will need to request that I sign a separate consent form.

I agree that I will not sue, or otherwise make any kind of claim whatsoever against, the Louisiana Department of Education, the Louisiana Board of Elementary and Secondary Education, and any of their directors, officers, employees, agents, and representatives for any costs, expenses, damages, injury or loss, including reasonable attorney's fees, to which they or any of them may be subject as a result, directly or indirectly, of any disclosure or redisclosure of any of my information, including but not limited to personally identifiable State teacher evaluation information provided by the Louisiana Department of Education to the aforementioned authorized representative. *I agree that my electronic signature as entered on this form is the legal equivalent of my manual signature.*

Signature

Date

Printed Name

Teaching Certificate Number

Witness

Witness