

Submitting an Authentic Assessment: Permission Form

If you are interested in sharing a transition assessment (survey, interview form, checklist, authentic data collection form) you have created, please complete the information below and sign the consent on the bottom of this form. As we receive, verify, and format Authentic Assessments that are submitted, they will be housed on the Indiana Secondary Transition Resource Center's Transition Assessment Matrix. You (or your group) will be given credit on the assessment itself for submitting your authentic work. Thank you for sharing your knowledge and experience with those across the state.

Name of individual submitting this form:

School / District affiliation:

Please indicate where you think this assessment best fits on the Matrix (you can choose more than one identifier):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Grades 6-8 |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Grades 9-10 |
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> Grades 11-12 |

Disability area(s):

- | | |
|---|--|
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Mild Cognitive Disability |
| <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Moderate Cognitive Disability |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Severe Cognitive Disability |
| <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Multiple Disability |
| <input type="checkbox"/> Blind/Low Vision | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Speech/Language Impairment | <input type="checkbox"/> Traumatic Brain Injury |

By signing this document, I am indicating that this authentic assessment is not a copy (in part or whole) of another transition assessment produced by another person or company. I am also giving the Indiana Secondary Transition Resource Center permission to format this assessment consistent with the requirements of the Transition Assessment Matrix site.

(submitted by)

(date)



INDIANA INSTITUTE ON DISABILITY AND COMMUNITY

CENTER ON COMMUNITY LIVING AND CAREERS

Indiana Secondary Transition Resource Center

<https://instrc.indiana.edu>