



Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

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TTY: N.E.T. Relay 1-800-439-2370

Teaching Observation Participation Agreement

I understand that I meet the criteria set forth in the *Guidelines for the ABE Teacher's License* and hereby agree to conduct observations of teaching demonstrations for the professional level of the ABE Teacher's License on the Department's behalf. I understand that I must review, initial and sign this agreement, and return it to the ABE Licensure Coordinator before I am approved to conduct teaching observations.

I understand that I will not share the evaluator's questions contained within the evaluation rubric with candidates. I also understand that I will be observing teaching demonstrations and the ABE Review Panels will use this information as part of their overall review and evaluation of candidates' performance portfolios. I also understand that Review Panelists will recommend to the Department whether candidates should be licensed, and that the Department makes the final determination.

Initials

Additionally, I agree to the following statements:

1. Statement of Confidentiality

I understand that G.L. c. 66A, the Fair Information Practices Act, protects the privacy of any materials submitted by ABE licensure candidates and that any observations of or discussions regarding such candidates are strictly confidential. I will not discuss the content of any materials or observations with any parties who are not affiliated with the Review Panel or with the Office of Educator Licensing.

Initials

2. Conflict of Interest Statement

In order to preserve the integrity and credibility of the Review Panel process, I will not conduct an observation of teaching for a licensure candidate if I personally know a candidate and believe that I cannot conduct an unbiased evaluation of a candidate's demonstration of teaching. Further, in instances where there may be a conflict of interest in reviewing a candidate, for whatever reason, I agree to inform the ABE Licensure Coordinator and excuse myself from that observation. I understand that if I do participate in the review of an acquaintance's teaching demonstration that this constitutes a conflict of interest and I will be unable to conduct teaching observations in the future.

Initials

3. Non-Discrimination Statement

I will not discriminate on the basis of age, color, disability, national origin, race, religion, sex, or sexual orientation, and I will disclose any potential conflicts of interest with the ABE Licensure Coordinator.

Initials

By signing below, I hereby agree to all of the statements above.

Name: _____ Title: _____

Signature: _____

Daytime Telephone: _____ Evening Telephone: _____

Email: _____ Date: _____