



**PRAXIS III ASSESSMENT  
CONFIRMATION FORM**

Entry Year Teacher \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_

County \_\_\_\_\_ Assessment Region # \_\_\_\_\_

Please indicate below with a check mark how and where you would like the assessment results sent to you.

\_\_\_ US Mail to the following address:

\_\_\_ Email to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Please mark that these events did occur on the day of your PRAXIS III assessment:

\_\_\_ Pre-observation Interview

\_\_\_ Classroom Observation

\_\_\_ Post-observation Interview

To my knowledge, the assessor conducted the PRAXIS III assessment according to established PRAXIS III procedures.

Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Entry Year Teacher's Signature

\_\_\_\_\_  
Date

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**Praxis III Assessor:** (Return fully signed form to your regional coordinator)

I affirm that I conducted an assessment of Entry Year Teacher \_\_\_\_\_ on \_\_\_\_\_ and the assessment was conducted according to Praxis III established procedures.

\_\_\_\_\_  
Assessors Signature

\_\_\_\_\_  
Date

Electronic Submission Date \_\_\_\_\_ Confirmation No. \_\_\_\_\_