

Work Sample Sign-Off Form

Include this signed form in your Work Sample. Do not bind this form into the Work Sample.

Student Teacher Name: _____

Title of Work Sample: _____

Authorization Level:

____ Early Childhood ____ Elementary ____ Middle Level ____ High School

Endorsement:

____ Multiple Subjects ____ Language Arts ____ Social Studies

____ Advanced Mathematics ____ Integrated Science ____ ESOL

I give my permission to the faculty of Oregon State University to use my Work Sample as teaching material for subsequent members of this professional teacher education program, education faculty, and students engaged in teacher education doctoral studies. I understand fully that by giving this permission, I am only granting future students the right to view and take notes from my Work Sample. I am not giving them permission to remove this Work Sample from the education department facility, take pages out of the Work Sample, or photocopy any part of this Work Sample.

(Student's Signature)

(Date)