

Teacher Standards and Practices Commission



250 Division St NE
Salem, OR 97301
Voice (503) 378-3586
Fax (503) 378-4448

Contact.tspc@state.or.us
www.oregon.gov/tspc

Alternative Assessment Affidavit

State of Oregon

County: _____

I, _____, (print full name) do hereby verify that:

1. I have taken the Praxis II or ORELA exam(s) at least twice, with the most recent being taken within the twelve (12) months just prior to my current request for an Alternative Assessment Evaluation.
2. The contents of my application are authentic and represent work that I have completed myself. I am submitting this affidavit as a part of my application for alternative assessment as evidence that I have adhered to these requirements.
3. I understand that if I have taught for less than three years, I know that by asking for waiver of the Multiple Subjects Examination, **I do not meet the federal definition of “highly qualified teacher”** for grades Pre-kindergarten through 6th grade.
4. I understand that I am personally responsible to take the steps necessary to meet the federal definition of “highly qualified teacher.”
5. I agree that if #3 above applies to me, I will tell my employers that I have had Alternative Assessment and I am not “highly qualified” to teach multiple subjects.

Notary Public

Date: _____

Signature