



SCORE PROFILE REQUEST FORM

Mail to: Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004

Phone: (866) 565-4872

IMPORTANT INFORMATION

- Use this form if you need an additional copy of an edTPA Score Profile for your records or if you need to have a copy sent directly to someone other than yourself (e.g., a state teacher certification/licensing agency, an educator preparation program).
- If you request an additional copy for your records, your score profile will be posted as a PDF file to your online account, accessible at www.edtpa.com, within 2 to 4 weeks of receipt of your request. You will be sent an email when the score profile has been posted to your account, and you will be able to access it for 2 years.
- If you request your results be sent to someone other than yourself, allow 2 to 4 weeks from receipt of your request for a copy of the requested score profile to be delivered. You will automatically receive a copy of your score profile, via your account at www.edtpa.com, when you have a copy of your score profile sent to another recipient.
- Your additional copy will include your most recent scores you have earned on the assessment across all attempts.

FEE

Additional score profile fee.....\$50 per recipient

Make money order or cashier's check payable to Evaluation Systems. Include the last five digits of your social security number on your payment.

All payments must be in U.S. dollars. Personal checks are not accepted. Do not send cash.

1. Name

Last

First

Middle
Initial

2. Address

Post Office Box or Street Address and Apartment Number

City or Town

State

ZIP Code

3. Social Security Number

4. Customer Number

(found in your account at www.edtpa.com)

5. Telephone Numbers

Daytime

Evening

Area Code

Area Code

6. Assessment for which you need an additional copy of your score profile (enter the complete assessment name as it appears on www.edtpa.com):

Assessment Name: _____

7. Indicate the recipient(s) for your score profile below.

- For my own records, I would like an additional copy of my score profile for the assessment listed in #6 above.
- I would like a copy of my score profile for the assessment listed in #6 above sent to the state teacher certification/licensing agency for the state(s) indicated below. (Select each state to which you are requesting your score profile be sent.)

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Ohio |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Illinois | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> California | <input type="checkbox"/> Iowa | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Minnesota | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> New York | <input type="checkbox"/> Wisconsin |

- I would like a copy of my score profile for the assessment listed in #6 above sent to the agency or Educator Preparation Program listed below. (If you do not provide complete and correct information, your scores may not be received and recorded by the receiving agency or Educator Preparation Program.)

Name: _____

Office/Department: _____

Agency or Educator Preparation Program: _____

Address: _____

City/State/ZIP: _____

State ID Number, if applicable: _____

(Review your state's ID requirements on the [edTPA website](#).)

NOTE: It is your responsibility to verify that your score profile was received and properly recorded by the state agency to which you requested it be sent.

8. The fee for additional copies of your score profile is \$50 per recipient. (You will automatically receive a copy of your score profile when you select another recipient.) Enclose a money order or cashier's check for the appropriate amount payable to Evaluation Systems. Personal checks are not accepted. Do not send cash.

Number of recipients* _____ x \$50 = _____ (Total Enclosed)

*NOTE: Do not count yourself as a recipient unless you are ordering an additional score profile only for yourself.

9. I certify that I am the person making this request and whose name and address appear on this form.

Signature

Date

IF THIS FORM IS NOT SIGNED, IS MISSING INFORMATION, OR IS NOT ACCOMPANIED BY THE APPROPRIATE PAYMENT, IT WILL BE RETURNED TO YOU UNPROCESSED.

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