

COLLEGE OF EDUCATION

WILLIAM PATERSON UNIVERSITY

edTPA Video Recording Verification Form

Directions: The teacher candidate will complete the following information indicating the students in the class being recorded for the edTPA assessment have or have not been provided permission. The clinical educator (cooperating teacher) verifies the accuracy of the verification by his/her signature. The teacher candidate will then upload the signed verification form to their secure Chalk and Wire account. Use more than one verification form if needed.

School District: _____ School: _____ Grade: _____

Teacher Candidate: _____ Date: _____

Student Name	Yes, permission was provided	No, permission was not provided

Clinical Educator: _____ Date: _____