



Teaching Event Authenticity/Confidentiality and Consent Sign-Off Form

Submit this form with your completed Teaching Event.

This Teaching Event has been submitted as an assessment whose passage will be required for completing the requirements for a California Multiple/Single Subject(s) Teaching Credential under S.B. 2042. This attestation is acknowledgement that the ultimate responsibility for compiling the documentation (including writing the commentaries) lies with the credential candidate. However, credential candidates are encouraged to seek assistance, input and feedback from their university supervisors, cooperating/master teachers, university instructors, or other credential candidates during the Teaching Event development process.

Attestation by Credential Candidate

- I have primary responsibility for teaching the students/class during the learning segment profiled in this Teaching Event;
- The video clip(s) submitted show me teaching the students/class profiled in this Teaching Event;
- The student work included in the documentation is that of my students who are profiled in the learning segment documented in this Teaching Event;
- I am sole author of the teacher commentaries and other written responses to prompts and forms in this Teaching Event;
- Appropriate citations have been made for all materials in the Teaching Event whose sources are from published text, the Internet, or other educators.
- In the submitted videotape, there are no students who should be excluded because lack of parent consent.
- I will use the video recordings collected for the teaching event solely for the purposes of the teaching event. I will not use the recordings for other purposes nor post them on the web.

Teacher Candidate's Signature *Teacher Candidate's Name (printed)* *Date*

Teacher Candidate ID #

Attestation by University Supervisor and Mentor/Resident Teacher

To the best of my knowledge, the statements above are accurate.

 University Supervisor's Signature University Supervisor's Name (printed) Date

 Mentor/Resident Teacher's Signature Mentor/Resident Teacher's Name (printed) Date