 edTPA Video Recording Affirmation Form

**Office of Field Experiences**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ verify that the students that appear in the

(Cooperating Teacher)

edTPA video recording for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have edTPA video

(Teacher Candidate)

permission forms on file stating that those students may be video recorded.

Directions:

1. Please have your cooperating teacher sign the above statement regarding video recording for edTPA.
2. After you sign, please have your cooperating teacher scan and e-mail the form to Alice Schwarz at [schwarza@uww.edu](mailto:schwarza@uww.edu)
3. You may also mail this form to:

Office of Field Experiences 221900

University of Wisconsin-Whitewater

800 West Main Street

Whitewater, WI 53190-9905

If you cannot scan the form, type your names on the lines and have your cooperating teacher e-mail the form to Renee.

We will not accept this form from your personal UWW e-mail or any other personal e-mail account, it must come from a cooperating teacher’s school e-mail account.

Thank you,

Marie Benson

edTPA Coordinator

bensonm@uww.edu