 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
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