Teacher Verification Document

TEACHER NAME: ____________________________________________

TITLE: _________________________________________________

GRADE/CLASS: __________________________________________

SCHOOL: _______________________________________________

DISTRICT: ______________________________________________

SCHOOL YEAR: __________________________________________

I verify that I have...

☐ Understood and embraced the district-wide Internet Safety Policy and the education requirements related to CIPA.

☐ Educated my students according to CIPA requirements.

I hereby certify that the above actions have been carried out during the 20___ – 20___ school year.

SIGNATURE: ___________________________________________ DATE: ___________________

Teacher, please sign and turn in this Teacher Verification Document and any other pertinent paperwork required by your district.