

# 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.