# Video Consent Verification

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , verify that I **distributed and collected** the approved video consent form to the students in the classes that I teach.

I also acknowledge that there were students who are NOT to be videotaped in my class. I have attached a roster with everyone’s response to verify their request to be videotaped or not is upheld.

By signing this form, I take responsibility for ensuring that the privacy of all students remains secure, and that any videotaping that occurs in the classroom will not include the aforementioned students.

 Signature (Teacher Candidate)

 Printed Name Date

\*After you have distributed the consent forms to your class and collected all responses, turn this form and the roster (on the following page) into the Clinical Work mailbox.