Teaching Event Authenticity Sign-Off Form

Submit this form as directed by your instructor or in person with the rest of your PACT materials.

This Teaching Event has been submitted as an assessment whose passage will be required for completing the requirements for a California Multiple/Single Subject(s) Teaching Credential under S.B. 2042. This attestation is acknowledgement that the ultimate responsibility for compiling the documentation (including writing the commentaries) lies with the credential candidate. However, credential candidates are encouraged to seek assistance, input and feedback from their university supervisors, cooperating/master teachers, university instructors, or other credential candidates during the Teaching Event development process.

Attestation by Credential Candidate

- I have primary responsibility for teaching the students/class during the learning segment profiled in this Teaching Event;
- The video clips submitted show me teaching the students/class profiled in this Teaching Event;
- The student work included in the documentation is that of my students who are profiled in the learning segment documented in this Teaching Event;
- I am sole author of the teacher commentaries and other written responses to prompts and forms in this Teaching Event;
- Appropriate citations have been made for all materials in the Teaching Event whose sources are from published text, the Internet, or other educators.
- I will not use the video created for the Teaching Event for any other purpose, and once I have been informed of my successful passage of the PACT assessment, I will destroy all copies of the video clip(s) within three months of the completion of the credential program.
- All materials submitted may be used by CSU, Chico and PACT Central for program improvement, instructional purposes, and calibration. Agree: ☐ or Disagree: ☐

_________________________  ________________________  ____________
Teacher Candidate’s Signature  Teacher Candidate’s Name (printed)  Date

Teacher Candidate ID #

Attestation by University Supervisor or Cooperating Teacher

To the best of my knowledge, the statements above are accurate.

_________________________  ________________________  ____________
Supervisor/Cooperating Teacher Signature  Supervisor/Cooperating Teacher Name (printed)  Date