Students

By signing this sheet, I verify that I have completed CIPA training with my classroom teacher. My signature also means that:

- I. I agree not to post information and images that could put be at risk, embarrass me, or damage my future.
- II. I will respect others online.
- III. I will be careful when meeting others online.
- IV. I will protect myself online.



Teacher Verification Form- Children's Internet Safety Act I hereby attest that my students have successfully completed the CIPA
Course (http://ecpscipa.weebly.com) as developed by the Edgecombe County Public Schools Technology Department. I discussed proper internet behavior with my students and will continue to model and discuss these expectations in my class.

Teacher Name (Print)	•
Teacher Signature	
Coh a di Cra da I aval	
School/Grade Level	
Date	
Once completed, give to your Media Coordinato	r for documentation.