

**Confidentiality Agreement for Classroom Observation and School Visits
by Non-District Individuals**

Name: _____
 Agency (if applicable): _____ Telephone: _____
 Address: _____
 Student or Class to be Observed _____
 Purpose of Visit: _____
 School: _____ Date of Visit: _____ Time: _____

- I shall protect the rights to privacy of all students, and therefore, shall not share information about any other students in the classroom orally or in writing.
- I shall restrict my observation and comments to the behaviors of the student being observed. The purpose of the observation is not to critique the performance of the teacher or observe other students.
- I shall not share criticisms of the teacher with students, parents, or other persons. Valid concerns shall be addressed privately with the building principal.
- Additional information (i.e., completion of forms, questions specific to the student, etc.) should be obtained outside of classroom observation via e-mail or phone with the classroom teacher/building principal, so as to minimize disruptions to the learning environment.
- All materials (e.g., data collection forms, visual supports, etc.) are accessible only with obtained permission by the classroom teacher/building principal.
- **Agency Only:** I shall provide written documentation of parent/guardian permission to observe the student prior to or upon arrival for the observation.

 Observer/Visitor Signature Date

 Observer/Visitor Printed Name Date

 School Administrator Signature Date