



Confidentiality Agreement for Conducting Classroom Visits/Observations

School: _____ Program/Classroom: _____

Student: _____ Date of Observation(s): ___/___/_____ Time: _____ AM PM

Name of Person Conducting the Observation*: _____

As a visitor, volunteer, observer from an outside agency, or a parent/guardian of a HCPSS student, I agree to maintain the confidentiality of students and staff in the observation setting and agree that I will:

1. Provide 24 hours advance notice prior to the visit/observation;
2. Not video record, audio record, photograph, live stream, or in any other way transmit any part of my experience while participating in this observation (including no posting on any social media platform);
3. Avoid access to confidential or personally identifiable information related to the student(s) whom I am observing, even if I have a working relationship with families of other students in the observation setting, unless that information pertains to my child or the child of my client (refrain from sharing any information directly related to the students and staff with whom I come in contact during the visit/observation);
4. Recognize that, for the purpose of this agreement, this observation consists of any and all time spent at an HCPSS facility for this particular observation;
5. Stay only for the agreed upon length of time and remain in the agreed upon classroom or other building location for a reasonable time (not to exceed 60 minutes);
6. Avoid engaging students without the express permission from the classroom teacher or the school-based administrator;
7. Minimize disruptions to the learning environments, only the agreed upon attendees are permitted during an observation/visitation and volunteer opportunity; and
8. Address issues, concerns, or questions that arise during this observation with a school-based administrator.

I understand that if I do not honor this agreement, the observation will be stopped and rescheduled for a different date and time and/or I may not be permitted to observe in the future.

Printed name of observer: _____ Date: ___/___/_____

Signature of observer: _____ Administrator's signature: _____

* **Parents/Guardians** –if you plan to bring an educational advocate, attorney, or some other person with you to the observation, please alert school administration prior to the observation date. Each person conducting the observation will be asked to sign this form.

* **Advocates, Attorneys, or Others** – if you are observing a student in the role of an educational advocate, an attorney, or some other person who is not the parent of the student, the parent must have first signed a release of information/records which must be on file in the student's educational record before you will be permitted to observe.