



PRIVATE PRACTITIONER CONFIDENTIALITY AGREEMENT

I, _____ (Observer's name, printed), will be conducting classroom observation(s) of _____ (Student's name, printed) from _____ (Month), 20____ at _____ (School name) through _____ (Month), 20____ and hereby agree to the following in consideration of being allowed to be present in the classroom:

1. I agree to preserve the confidentiality of all personally identifiable information about or relating to any student that I obtain during my classroom observation.
2. I agree to refrain from interrupting any teacher during instruction time or engaging in any conduct that is disruptive or distracting in the classroom.
3. I will not discuss the identify, behavior, or needs of any student that I witness or become aware of due to my classroom observation with any person not authorized to work directly with that student.
4. I will not photograph or videotape any person or any part of any school building during my visit to the school and/or while observing any classroom.
5. I will not tape record any conversation during my visit to the school and/or while observing any classroom.
6. Any questions, concerns, or comments that I have about the classroom(s) I observe shall be directed to the school principal or to the faculty member responsible for the classroom. All such discussions will occur outside the presence of students.
7. I understand that I can be prevented from observing classrooms in the future if I do not comply with the above Agreement and the rules and policies of Maryville City Schools.

Date

Observer's Signature