



OFFICE OF STUDENT SUPPORT

Confidentiality for Classroom Observations

Observer: _____

School: _____

Classroom Teacher: _____

Date of Visit: _____

Purpose of Visit:

I understand that Federal Regulations on Confidentiality require that I not reveal the identity of any person I may see or discuss while visiting in this classroom. I understand that any disclosure of student information without specific written consent from their parent, or description of any person, may be interpreted as a breach of the Federal Right to Privacy Act.

I agree to maintain students' and staff confidentiality.

Signature: _____

Date: _____