



Classroom Visits by Therapy Providers

3-203 VISITORS

I, _____ (Parent/Guardian), request to have _____ (Provider) observe _____ (Name of Student) in his/her classroom at _____ (school location). The observation has been scheduled for _____ (date/time).

I, the Provider, understand that due to the nature of the learning environment, I may be inadvertently exposed to confidential information about other students. Such information may include a student's scholastic performance, disability, services received, or medical/personal information. I acknowledge that this is highly sensitive and confidential information, and that I am not authorized to disclose such information, except that information pertaining to my observation of _____ (student).

Additionally, by signing below, I provide acknowledgement for the following conditions in order to minimize disruptions, allow students access to appropriate instruction and supports, and ensure student safety:

- A. Observations will be limited in time.
- B. I will remain in a teacher-designated area, turn off all electronic devices, and refrain from interacting with staff and students.
- C. Video/audio recording and picture taking is not permitted.
- D. I will be provided with materials to record questions, so they can be addressed at a later date.
- E. All information regarding students, their disabilities, and individual education programs must be kept confidential, as disclosure of this information is illegal.
- F. As a visitor, I will sign in at the office before entering campus, wear the appropriate visitor badge at all times, and sign out on completion of the observation.
- G. I may be asked by the school principal to leave campus if deemed necessary.
- H. I will be accompanied by the principal or designee to facilitate the observation process.

Parent's name (printed)

Parent's signature

Date

Observer's name (printed)

Observer's signature

Date

Principal/Designee's name
(printed)

Principal/Designee's
signature

Date