

Confidentiality Agreement for Classroom Observation by Non-District Individuals

St. Lucie Public Schools
9461 Brandywine Lane, Port St. Lucie, FL 34986
(772) 429-3600

Name: _____
Agency (if applicable): _____ Telephone: _____
Address: _____
Student to be Observed: _____
School: _____ Date: _____ 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 school principal or district supervisor.
- ❖ I understand that I cannot make educational program or placement decisions (e.g., whether the student needs exceptional student education services or a change in services). Valid concerns about educational placements shall be addressed with the school principal, school ESE specialist, or district supervisor.
- ❖ Additional information (i.e., completion of forms, questions specific to the student, etc.) should be obtained outside of classroom observation via e-mail, follow-up conference, or phone with the classroom teacher/school 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/school principal.
- ❖ I understand that access to student records shall require a signed written consent from the parent/guardian in accordance with District policies and procedures.
- ❖ If I am not the parent/guardian, I shall provide signed written consent from the parent/guardian authorizing me to observe the student prior to or upon arrival for the observation.
- ❖ I understand that all classroom observations must be scheduled in advance in accordance with all District policies and with procedures of the individual school.
- ❖ If I have any questions concerning the procedures for classroom observations or compliance with this Agreement, I shall direct them to the principal.
- ❖ **I understand that the District reserves the right to monitor classroom observations and to rescind authority to participate in classroom observations to any individual who misuses such access or otherwise violates this Agreement.**

Observer Signature Date

Observer Printed Name

School Principal Signature Date

White: School Admin Yellow: School ESE Specialist/Guidance Counselor Pink: Non-District Observer

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