I understand that the Family Education Rights Privacy Act strictly prohibits the sharing of information about any student with anyone who is not directly involved with the education of that student.

I understand that I will be held personally responsible for any violation of confidentiality that may occur.

I understand that observing in a classroom is a privilege and that I will not interfere or disrupt the normal activities of the classroom in any way. Such disruptions and interferences include but are not limited to: talking to students, moving around the room, talking to interveners while they are intervening, talking to teachers, or any other activity that interrupts the processes occurring in classrooms.

Purpose of the Observation: ______________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I have been informed of and understand the confidentiality rules governing this observation and agree that at no time will I divulge any personally identifiable information regarding any of the students I observe.

______________________________________________________________________________
Observer ____________________________ Date

______________________________________________________________________________
Teacher ____________________________ Date

______________________________________________________________________________
Intervener __________________________ Date

______________________________________________________________________________
Deaf Education Teacher __________________________ Date