



## Confidentiality for Classroom Observations

Observer: \_\_\_\_\_

School: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

**Purpose of Visit:**

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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: \_\_\_\_\_