



Classroom Observation and Confidentiality Agreement

Student _____ Grade _____

Classroom Teacher _____

School _____

Teacher Specialist _____

Observer _____

Agency _____

Purpose of Observation _____

Date(s) of Observation(s) _____

In conjunction with the request the undersigned parties agree as follow:

1. The observation must be scheduled in advance and held on a date and time convenient for the classroom teacher. The observer must follow the school check-in policy.
2. The observer must have written permission from the parent/guardian before being permitted to observe.
3. As a guest in the classroom, instruction is not to be interrupted by the observer in any way.
4. Any observations regarding the above named student will be shared only with the parent/guardian, or with other appropriate education or agency representatives with the express written consent of the parent/guardian and will be used for educational purposes only.
5. The observer agrees to maintain confidentiality regarding the identity and other private information of the students in the class. Where relevant, any observations made by the observer regarding the student's interactions with other students in the class will not disclose the identity of those other students.
6. Parent/Guardian and observer agree that the observation is not being requested or conducted as part of an Independent Educational Evaluation (IEE) under the Individuals with Disabilities Education Act (IDEA) and that any request for a classroom observation as part of an IEE must be separately approved by the Special Education Director, pursuant to IDEA's Procedural Safeguards and Special Education Policies and Procedures.

Observer Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Administrator Signature _____ Date _____