EXHIBIT
Confidentiality Form for Student Observation

Student’s Name: __________________________ Name of Observer: __________________________

☐ I am observing this student as a(n):  ☐ Parent  ☐ Other: __________________________

☐ I am observing this student in order to:

☐ provide information to the student’s 504 or ARD committee ☐ to collaborate with school staff ☐ Other:

You have requested permission to observe in a Bastrop ISD classroom for the purpose of enhancing a student’s educational experience. We support and encourage the partnership between home and school in the educational process, however, there are certain rights guaranteed to all students.

District staff members are required to comply with the requirements within federal law with respect to privacy and confidentiality. In that same spirit, we must insure that visitors in the classroom respect each student’s right to privacy as we provide a safe educational environment for all learners.

Please sign the following document, indicating that you understand and agree to comply with District standards regarding confidentiality:

I, the undersigned, understand and agree that:

- I am allowed to observe in a specific classroom for a specified period of time.
- I understand that classroom observations must be scheduled in advance at a mutually agreeable time with the campus principal or his/her designee.
- I understand that I may not bring another individual to observe unless they have signed their own confidentiality agreement.
- I understand that I may not bring other children/students into the setting in which I am observing.
- During the time I am observing in the classroom, I may not interrupt instruction by talking to the teacher, the child I am observing or any other person in the classroom.
- Every child’s right to privacy must be honored. I may not discuss with others my observations or confidential information about children in the class including specific situations that were observed during the time I was in the classroom.
- If I have concerns about the student I am observing or other students in the classroom, I will discuss those with the campus administrator prior to leaving the building.
- If I wish to discuss my observations with the student’s teacher, a specialist or an administrator, I should schedule a conference at a mutually agreed upon time.

We appreciate your involvement in the education process.
The Observer and campus Principal (or designee) agree to the following observation date and time:

Date: ______________  Beginning Time: ______________  Ending Time: ______________

Classroom/Teacher: ____________________________________________________________

__________________________________________________________________________  ___________________________________________________________________
Observer Signature                      Date

__________________________________________________________________________  ___________________________________________________________________
Administrator Signature                 Date