

**Confidentiality Agreement for Classroom Observation
by Non-District Personnel**

SPRINGFIELD PUBLIC SCHOOLS
Early Childhood Special Education
2525 West College Rd Springfield, MO 65802
(417) 523-7700

Name: _____

Agency: _____ Telephone: _____

Address: _____

Student to be Observed: _____

School: _____ Date: _____ Time: _____

1. 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.
2. I shall restrict my observation and comments to the behavior of the student being observed. The purpose of the observation is not to critique the performance of the teacher or observe other students.
3. I shall not share criticisms of the teacher with students, parents, or other persons. Valid concerns shall be addressed privately with the building principal, process coordinator, or program director.
4. I shall not make educational diagnostic conclusions (i.e. the student needs special education services). Valid concerns about educational placements shall be addressed with the process coordinator and classroom teacher/case manager.
5. Additional information (i.e., completion of forms, questions specific to the student, etc.) should be obtained outside of classroom observation via e-mail or phone with the classroom teacher/building principal, so as to minimize disruptions to the learning environment.
6. All materials (e.g., data collection forms, visual supports, etc.) are accessible only with obtained permission by the classroom teacher/building principal.
7. AGENCY ONLY: I shall provide written documentation of parent/guardian permission to observe the student prior to or upon arrival for the observation.

My signature below indicates that I am in agreement with and will adhere to the above provisions:

Observer Signature date

Principal Signature date