

, and staff,BPSmakes every reasonable and responsible effort to assure	
that information about students; achers and staff remains confidential. It is only through continued public	
confidence that confidentiality guidelines are indeed being upheld, that the publicainsaits confidence iBPd ovd 59	98

rce, and/or observation, is to be held in strict confidence. You are not to access the records of any student other than the specified student for whom you have greaterental/guardian permission to observe, assess, disauss for treat. You must prove dwritten documentation to the school principal that the pare galguardian has given you consent to observe, assess, discuss and/or treat the student for whom this form is being completed.

Confidentiality applies to all information gathered duringiency observation assessment, discussional discussional duringiency observation assessment, discussional duringiency observation duringiency observation duringiency observation during duringiency observation duringiency obse

- 1. Student names, addresses, and phone numbers
- 2. Student exceptionalities
- 3. Student functioning and behavior
- 4. Student progress and data
- 5. Teacher name, address, personal phone number
- 6. Teacher behavior

Please note that you are required to \pm ingand signout every time you visit the school in compliance with the VFKRRO¶V SURFHGXUHV

Please complete the information below. Your signature documents that you agree to comply with these confidentiality guidelines and that all information obtained be held in highest confidence.

Name of Student to be Obser//Assessed/Treated	Name of School Student Attends () Telephone # of ObserVervaluator/Provider	
nted Name of Observ E rvaluator/Provider		
Address of Observe/Evaluator/Provider	City	Zip
Signature of ObservÆrvaluator/Provider		Date Signed