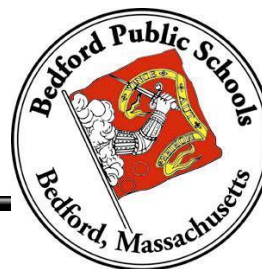


BEDFORD PUBLIC SCHOOLS

Marianne N. Vines
Director of Special Education



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TEL: 781-275-5296
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Student Observation Confidentiality Agreement

The Bedford Public School District complies with all applicable laws and regulations pertaining to the privacy of students within our schools and makes every reasonable effort to ensure that student information remains confidential.

The parent(s)/guardian(s) of Bedford Public School District's student have requested that you, as their designated agent, be provided the opportunity to observe their child in his/her current educational program or to observe a program that has been proposed for the child by his/her IEP team. During such an observation, you may be exposed to private and confidential information pertaining to other children within the classes/program to be observed. Approval of the parent(s)/guardian(s) request for your observation of the parent(s)/guardian(s) child is contingent upon your agreement not to disclose any confidential, private, or personally identifying information pertaining to other students, to which you may be exposed during the course of your observation. By signing this form, you agree that you will not disclose to any third party, including parents/guardians of the student you are to observe, any confidential or private information regarding any student other than the specific student you have been authorized to observe. You are further acknowledging and agreeing to the following conditions:

1. Prior to your observation, you must provide documentation to the principal or the special education administrator, that the parent/guardian consents to your observation of the parent's/guardian's child.
2. While present in the school building, you will be accompanied at all times by a designated school staff person.
3. You will not interrupt, disrupt or otherwise interfere with the instructional services taking place in any classroom while you are present in the school building. School administrators reserve the right to terminate any observation that disrupts the educational environment of the classroom, program, or school.
4. You will not request or be provided with access to the records of any student other than the specific student whom you have permission to observe and dependent upon parent/guardian signed records release.
5. Videotaping, audiotaping and/ or photography is/are prohibited.

Please complete the information below. Your signature indicates that you agree to comply with the above guidelines and that all information obtained through your classroom observation, review of records, and other activities while in the school building will be held in strict confidence and will not be disclosed to any third party without the written consent of the parent(s)/guardian(s) of the student to whom the information pertains.

Name of Student to be Observed

School where Observation Will Take Place

Printed Name of Observer

Address of Observer

Signature of Observer