

Brevard Public Schools, Florida

Confidentiality Agreement Statement

To Whom It May Concern:

In recognizing Brevard Public Schools' (BPS) position of special trust with members of the public, and to protect the safety and rights of students, teachers and staff, BPS makes every reasonable and responsible effort to assure that information about students, teachers and staff remains confidential. It is only through continued public confidence that confidentiality guidelines are indeed being upheld, that the public maintains its confidence in BPS.

You have requested to observe, assess, discuss and/or treat a specific BPS student. Your request to be on a BPS campus for the purpose of observing, assessing, discussing and/or treating a specific student is granted only with your understanding that you must agree to the statements as written on this form and you must sign this form documenting your agreement. After signing the form, please give it to a school representative. By signing this form, you agree that you will not disclose information about any students, teachers, or other school staff outside of an approved BPS scheduled meeting for the specific purpose of assisting an individual student. All information, including information obtained from any file, data source 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 parental/guardian permission to observe, assess, discuss and/or treat. You must provide written documentation to the school principal that the parent or guardian 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 during review, observation, assessment, discussion and/or treatment including, but not limited to, the following:

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

Name of Student to be Observed/Assessed/Treated

Name of School Student Attends

Printed Name of Observer/Evaluator/Provider

(_____) _____
Telephone # of Observer/Evaluator/Provider

Address of Observer/Evaluator/Provider

City

Zip

Signature of Observer/Evaluator/Provider

Date Signed

Please note that you are required to sign-in and sign-out every time you visit the school in compliance with the school's procedures.

08/21/13

File original in student's cumulative file