

## Classroom Observation Confidentiality Acknowledgement Form

I, \_\_\_\_\_, have requested to observe a classroom or program attended by students with disabilities. In exchange for permission to observe, I agree to abide by the following conditions:

1. During the observation, I will not address the teacher or support staff present, interact with students, or otherwise disrupt the teaching and learning.
2. During the observation, I will remain in the location directed by the teacher so as to not disrupt the educational process.
3. I will not ask questions pertaining to the students in the classroom related to their services, disability, or achievement.
4. I will not seek to study or look at work samples from the students during the observation.
5. I acknowledge that I cannot disclose any student identifying information to others related to the observation, including a description of the students observed, their educational needs, and/or their performance as demonstrated during the observation).
6. I acknowledge that school student record information, including demographics, and all information related to the student's disability and individualized education plan, is highly confidential information protected by the *Family Educational Rights and Privacy Act* and the *Georgia School Records Act*, and that I have no right to access such information for students without permission. To the extent that I glean information related to another student's disability, educational needs, and/or educational program during the observation, I must maintain it in strict confidence.

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Signature of Observer

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Agency representing

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Date