

Jordan School District Classroom Observation and Confidentiality Agreement

Name of Observer: _____

Name of Agency: _____

Name of Student: _____

Name of Classroom Teacher: _____

Name of School: _____

Purpose of Observation: _____

Date of Requested Observation: _____

The presence of outside observers is disruptive to the learning atmosphere and violates the confidentiality rights of other students in the classroom. It is clear that nothing in the Individuals with Disabilities Education Act (IDEA) imposes any obligation on the district to allow parents or their designated experts to observe in classrooms for evaluative purposes. The District would prefer to help parents obtain the information needed through other means.

To facilitate occasional requests for outside observation, the undersigned parties agree to the following:

1. The observation must be scheduled in advance with the school administration and held on a date and time convenient for the classroom teacher. Observer must follow school check-in procedures.

Administrators should be present or directly assign an appropriate staff member to be present during the pre-approved observation period.

2. The observer must have the permission of the above named student's parent/guardian before being permitted to observe.

3. As a guest in the classroom, instruction is not to be interrupted by the observer in any way.
4. Any observations regarding the above named student will be shared only with the parent/guardian, or with other appropriate education or agency representatives with the express written consent of the parent/guardian and will be used for educational purposes only.
5. Observer agrees to maintain confidentiality regarding the identity and other private information of other students in the class. Where relevant, any observations made by the observer regarding the student's interactions with other students in the class will not disclose the identity of those other students.
6. Parent/guardian and observer agree that the observation is not being requested or conducted as part of an independent educational evaluation (IEE) under the Individuals with Disabilities Education Act by the Special Education Department pursuant to IDEA's procedural safeguards and special education policies and procedures.

Observer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

School: Retain original signed copy in student records

Observer: Retain signed copy during observation