



## Confidentiality Statement for Classroom Observations

Student Support Services  
Mat-Su Borough School District  
501 N. Gulkana  
Palmer, AK 99645  
P: (907) 746-9221 || F: (907) 761-4078

Observer: \_\_\_\_\_

School: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

Purpose of Visit:

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Date of Visit: \_\_\_\_\_

I understand that Federal Regulations on Confidentiality require that I not reveal the identity of any person I may see or discuss while visiting in this classroom. I understand that any disclosure of student information without specific written consent from their parent, or description of any person, may be interpreted as a breach of the Federal Right to Privacy Act.

I agree to maintain students' and staff confidentiality.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_