



Classroom Observation Agreement & Confidentiality Acknowledgement

I, _____, have requested to observe a classroom or program attended by students with disabilities. I acknowledge that select confidentiality laws may be applicable. In exchange for permission to observe, I agree to abide by the following conditions:

1. I understand that in exchange for my agreement to follow the policies enumerated herein as well as the rules of Elim Christian School, I am being granted *reasonable access* to Elim Christian School's facilities, personnel, classrooms, and buildings as a Parent/Guardian, independent qualified professional or independent educational evaluator retained by a Parent/Guardian in order to observe a specific student in the school setting or visit an educational placement or program proposed for a student.
2. I am required to schedule my observation at least two (2) school days prior to the requested date of the proposed visit. Elim Christian School will do its best to identify a mutually agreeable date and time for the visit/observation, taking into consideration the best interests of all of its students and any scheduling challenges. I will be informed by Elim Christian School, within its sole discretion, as to the approval of the requested date and time of the visit, the authorization to observe, and the date and time parameters of the visit.
3. I understand that if I am **not** the Parent/Guardian of the student being observed, that I will also be required to obtain a written authorization/release of information by the Parent/Guardian, which specifically permits that I observe the student at Elim Christian School. Elim Christian School is not permitted to discuss a student or an observation of student at the school with any individual who has not received prior written authorization from the Parent/Guardian for such purposes.
4. During the observation, I will not address the teacher or support staff present, interact with students, or otherwise disrupt the environment. Further, I understand that audio and video recording and photograph during my visit/observation are strictly prohibited.
5. During the observation, I will remain in the location directed by the teacher or staff, and understand that I may be accompanied by an Elim Christian School staff member during my visit/observation.
6. I understand that my visit may be terminated at any time without prior notice should there be an emergency or unforeseen circumstance, in which case Elim Christian School will attempt to reschedule my visit/observation. Further, I understand that my visit/observation may be terminated immediately, with no option to return, as deemed necessary in the discretion of Elim Christian School, if I violate any of Elim's policies and procedures, including those stated herein, or otherwise cause a disruption to the educational environment.
7. I will not ask questions during the observation pertaining to the students in the classroom related to their services, disability, or achievement.



8. I will not seek to study or look at work samples from students other than the one I am observing during the observation.
9. I acknowledge that I cannot disclose any student identifying information to others related to the observation.
10. I acknowledge that I am required to comply at all times with the requirements of the applicable privacy laws, including those laws protecting the confidentiality of all s c h o o l student record information, including all information related to the student's disability, mental health and individualized education plan, such as the *Illinois School Records Act and the Illinois Mental Health and Developmental Disabilities Confidentiality Act*.

Unless otherwise authorized in writing by Elim Christian School, I understand that I am prohibited from taking any photograph, video or audio recordings, or other electronic images during my visit, or from creating any records that contain personally identifiable information regarding any child other than the child who is the subject of the observation and for whom I am the Parent/Guardian or have a valid authorization for the release of information to observe. To the extent that I incidentally glean information related to another student's disability, educational needs, and/or educational program during the observation, I must maintain said information in strict confidence, and I may not redisclose it to others.

Signature of Observer

Date