

FIELD EXPERIENCE CONFIDENTIALITY AGREEMENT

Semester: _____ Date: _____

According to the Family Educational Rights and Privacy Act (FERPA), requirements have been established that are designed to afford parents and students privacy and other rights with respect to educational records. According to local policies and procedures, the Local School District ensures that the confidentiality of personally identifiable information is protected and not disclosed to any unauthorized source. This means that all personally identifiable information, and records collected, used or maintained by the Local School District in the identification, evaluation, educational placements of a child, or the provision of free appropriate public education for a child with a disability will not be disclosed, without authorization, in any form including oral, written, or electronic.

In signing this agreement, I understand the information released and/or observed by me as an MSU Clinical Practice Candidate is of a confidential nature and should not be released to any other individual or agency. Any information will not be discussed, written, or communicated in any way outside of the educational setting.

Clinical Practice Candidate Signature

Date

Clinical Practice Candidate Name (Printed)