

VISITATION/OBSERVATION/SURVEY REQUEST(S)

ALL requests for visitation in classrooms and observations MUST be approved by the building administrator prior to any observation or visit. Visitors / Observers who are not legal guardians shall be required to complete a visitation / observation request and sign a confidentiality agreement.

All Student records (including personally identifiable information) shall remain confidential in accordance with School Board Policy 346. Confidential information shall include;

1. Progress records – grades, courses, schedules, attendance, etc.
2. Health records – records prepared by health care providers
3. Behavioral records – records related to conduct and results of testing which are not “directory data”.

Information that may be released to a third party *without* parental permission shall only include DIRECTORY INFORMATION and include;

1. Student name
2. Home address
3. Telephone number
4. Date and place of Birth
5. Dates of school attendance and any prior schools attended
6. Information related to participation in extracurricular activities

Requests to conduct survey(s) at any school shall be made directly to the building administrator. NO surveys (staff or student) shall be conducted without the prior consent of the building administrator.

Information listed as “directory information” under school board *shall not* be combined with survey information/results to allow the identification of individual students. Any survey that requests identifiable information pertaining to students shall remain “on site” and not leave the school or school district property.

Data or survey results that are considered anonymous and contain no information, which would identify the student, may be utilized outside the public school setting. The district will be provided with ALL survey results.

In General, the School Administrator shall request copies of;

- a) an abstract or purpose of the study/survey
- b) approval of “Human Subjects” process at the University level
- c) copies of informed consent/parent permission to participate
- d) copies of ALL instruments to be utilized with students

Requests shall also include;

- a) the number of students proposed
- b) the number of class periods required
- c) the amount of time required to complete surveys

The request shall also include a rationale statement on how the use of this instrument/process with Colby School District students will have a direct benefit for our children.

**SCHOOL DISTRICT OF COLBY
VISITATION/OBSERVATION REQUEST**

Name: _____

Today's Date: _____

Agency (if appropriate): _____

Date of visitation/observation: _____

Reason for visitation:

- ____ General observation
- ____ Consultation on programming issues
- ____ Social integration opportunities
- ____ Other

Explain: _____

Expected duration of visit: _____

Office use only

Application Review Completed by: _____ Date: _____

Signed Confidentiality Agreement: Yes _____ No _____ Date: _____

Ref: Family Education Rights and Privacy Act, 20 U.S.C. 1232
FERPA Regulations, 34 C.F.R. Part 99.

The School District of Colby does not discriminate on the basis of age, sex, race, religion, national origin (including limited English proficiency) ancestry, creed, pregnancy, marital status, parental status, sexual orientation, physical disability, mental disability, emotional disability, learning disability, or any other reason prohibited by law.

**CONFIDENTIALITY AGREEMENT
SCHOOL DISTRICT OF COLBY**

The confidentiality of student information is paramount in fulfilling the obligation the School District of Colby has as an educational institution. The nature of the position of educators is subject to personal relationships and access to personal information. Personal information concerning students and/or their families is only to be shared within the context of the appropriate educational setting. Any disclosure of information to parties who do not interact with that child for the purpose of addressing the educational objectives of the student will be considered a breach of confidentiality.

I hereby agree that I will not disclose any information related to an individual student or their family unless it meets the conditions stated above.

Signature: _____

Date: _____

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