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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that I will act at all times to preserve the *(Name of Professional)*    confidentiality of all personal information of which I become aware during the course of  my observations of/consultations about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Name of Student)*  at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School.  *(Name of School)*  I further agree in particular to preserve the confidentiality of any personal information that may be gathered with respect to:   * Other students within the classroom, * School and Division staff members, and * School and Division administrators.   I will hold all such information in the strictest of confidence and I shall not use, copy, or disclose such information to any other individual within or outside of the Division.  Executed and witnessed this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Print name of Professional) (Print Name of Principal)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Signature of Professional)*  *(Signature of Principal)* |

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| *The information on this form is collected under Alberta’s Freedom of Information and Protection of Privacy Act in adherence with our responsibilities under the School Act.* |

*Reference:*

* AP340 Specialized Services for Students and Children