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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