

## **CONFIDENTIALITY FORM**

While in the peer tutor class you will be exposed to personal information about students. Some of the students may do things that are unique to their abilities. Federal law prohibits disclosing any of the information relating to students in this class to any individuals other than the classroom teacher, para-educators, and administrators. The federal laws are in place to protect the privacy and rights of individuals with disabilities. This means that the student's names may not be used outside of the classroom. Please respect the rights of the students by not discussing information about them with friends or family.

I have read the above statement and agree to respect the student's privacy and rights. Signing below indicates that I understand the federal law.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Class Period

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## **PARENT PERMISSION**

I have read the Peer Tutoring Disclosure Document and have reviewed it with my son or daughter. I understand what is expected of my child to be a peer tutor at Frontier Middle School. Signing below indicates that I give my child permission to work with students with disabilities as a peer tutor.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date