

## OBSERVATION AGREEMENT FOR AN EXTERNAL/PRIVATE SERVICE PROVIDER

<b>Date:</b>		<b>School:</b>	
<b>Student Name:</b>			

<b>Name of External/Private Provider:</b>	
<b>Agency/Business Name:</b>	

**Purpose of Observation:** Provide a statement to clarify the purpose of the observation, including specific setting/times of interest.

**Agreements:**

- 1. I understand that all observations are to be prearranged and approved by the Building Administrator.
- 2. I understand that I am to observe the designated student only and will not interfere with instruction, interact with other students, or attempt to provide therapy/services during the visit.
- 3. I understand that during the observation, I must be accompanied by a District staff member (Special Education Administrator, School Psychologist, Principal, IEP Case Manager, etc.).
- 4. I will follow the building procedures for signing in, signing out, and wearing a visitor’s badge.
- 5. I understand there is to be no videotaping or recording.
- 6. I understand that I shall not discuss the performance, actions, or any other information about any student except with the student’s IEP Case Manager (*Family Educational Rights & Privacy Act, 34 CFR Part 99*). All communication regarding the student’s program, behavior, and recommendations must go through the IEP Case Manager, unless otherwise agreed upon.
- 7. I understand that I am required to follow all District policies and procedures. Failure to follow District policy and procedures, or any part of this agreement, may result in the limitation or refusal of observation.

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**External/Private Service Provider Signature**

\_\_\_\_\_  
**Date**