



FDLTCC ELEMENTARY EDUCATION PROFESSIONAL CONFIDENTIALITY AGREEMENT

Student Name: _____

Tech Id _____

During your clinical work/practicum experience at FDLTCC, you may have access to information, which is confidential and may not be disclosed, except as permitted or required by law, by the school district, and/or by FDLTCC policies and procedures.

Confidential information includes, but is not limited to:

1. Medical and certain other personal information about the children with whom you work.
2. Student records and staff decisions made relative to specific students and their families.

As a clinical/field experience practicum student, you also agree that you will **not**:

1. Use or duplicate any material without express written permission from a District representative in which you work or the author of the material. This includes photographs, audio recordings, or student work samples.
2. Teach or present this material other than for internal use.
3. Use **any** form of social media to post any images or comments pertaining to the school, program, children, parents, or other staff members.

By signing this Confidentiality Agreement, you acknowledge that:

1. You are obligated to hold the aforementioned information in the strictest confidence and not to disclose the information to any person or in any manner that is inconsistent with applicable policies and procedures of Fond du Lac Tribal & Community College or the school district with which you are placed.
2. Your confidentiality obligation shall continue indefinitely, always including after your association with FDLTCC ELEMENTARY EDUCATION Clinical/Field Experience Practicums.
3. Disclosure of confidential information about a person may result in legal actions being taken against you, by or on behalf of that person or school district.
4. You have read and understood this Confidentiality Agreement.

If you have any questions concerning the confidentiality or disclosure of information, you should contact Fond du Lac Tribal & Community College Education Program Facilitator.

Signature

Date

Print Name