File: KIA-E

## OBSERVATION OF EDUCATION PROGRAMS BY PARENTS AND/OR DESIGNEES FOR EVALUATION PURPOSES CONFIDENTIALITY AGREEMENT

Student to be Observed		Program/Class
I hereby acknowledge and agree to the cool of the cool	onditions set forth in the attach	ed Hull Public Schools
Observer's Name	Signature	Date
**************************************	**************************************	
Hull Public Schools Staff Member Assig	ned:	
Observation Date, Time and Location:		
This agreement will be in effect when sig Schools and the Building Principal.	gned by the Director of Student	Services for Hull Public
Director of Student Services	Date	;
Building Principal		· · · · · · · · · · · · · · · · · · ·

First reading: December 12, 2011 Second reading: January 9, 2012 Adoption: January 23, 2012

Proposed reconsideration: January, 2017