OFFICE OF PUPIL PERSONNEL
PATCHOGUE-MEDFORD SCHOOLS

Confidentiality and Non-Disclosure Agreement

Students' Individualized Education Program (IEPs) and their supporting documents are confidential documents protected under the federal and state laws and regulations, including but not limited to the Individuals with Disabilities Education Improvement Act (IDEA) and the Family Educational Rights and Privacy Act (FERPA).

IEPs and their supporting documents are to be reviewed in part, in accordance with subdivision 7 of section 4402 of the New York State Education Law; in order to carry out the District's responsibility to provide a free appropriate public education to all eligible students with a disability.

Terms for a confidential User ID and Password for Frontline IEP and/or eSchooldata:

- I agree to keep my User ID and Password secure, and accessible only to myself.

- Except as otherwise provided for by law, e.g. FERPA, I agree not to share my User ID and Password with anyone, including but not limited to 1:1 paraprofessionals, classroom paraprofessionals, student teachers, interns, other teachers and parents.

- I agree if my User ID or Password is lost or compromised in any manner, I will inform a Pupil Services Administrator.

- I agree to use discretion to ensure confidentiality with regard to when and where I access an IEP electronically (e.g., monitor is not visible to others and to log out of the program when not in use).

- I agree to treat this program as I would any other confidential proprietary information, including but not limited to IEP documentation.

- I agree not to disclose the contents, screens or workings of FrontlineIEP.com in any manner to anyone not employed by the District or not authorized to access the program except as otherwise provided for by law, e.g. FERPA and/or unless pursuant to a lawfully issued subpoena or court order.

I have read, understand and agree to the terms stated above.

Signature: _____ Date: _____

Printed Name: _____ Building: _____

Related Service Type: _____ Credential: _____

Provider License No.: _____ Provider NPI No. _____

E-mail address: _____

2/20/2018