SACHEM CENTRAL SCHOOL DISTRICT

Office of Student Services, 51 School Street, Lake Ronkonkoma, NY 11779 631-471-1890 Fax: 631-471-1889

<u>Frontine IEP (formerly IEPDirect)</u> <u>Confidentiality and Non-Disclosure Agreement</u>

I have received my confidential User ID and Password.

- I agree to keep my User ID and Password secure, and accessible only to myself.
- I agree to not share my User ID and Password with anyone including but not limited to teacher assistants, aides, student teachers, substitute teachers, interns, other school staff or parents.
- I agree if my User ID or Password is compromised in any manner, I will inform the Office of Student Services (Jocelynn Stone, <u>jstone@sachem.edu</u>, 631-471-1890 ext. 1227) to immediately to reassign a new ID and Password.
- I agree to notify the Office of Student Services if I require access to additional students to perform the responsibilities of my job.
- I agree to immediately notify the Office of Student Services if I no longer require access to a student in Frontline IEP.
- I agree to use discretion to ensure confidentiality with regard to when and where I access the Frontline IEP program (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 IEP documentation.
- I agree not to disclose the contents, screens or workings of the Frontline IEP in any manner to anyone not employed by the district or not authorized to access the program.

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

Name: ______

Signature: _____

Date: _____