Keystone Learning Services

Assignment Agreement for Special Education Volunteers

Date:	Volunteer:	Age:
Teacher's Name:		
Teacher's Name:		
Assignment Location:		
Time Schedule for Work	ing:	
Description of duties Vo	lunteer will perform:	

Projected beginning and	ending dates for this assignment:	
From	to	
Health Certification on f	ile Yes No	
Parent Signature:		
Student's Signature:		
Teacher's Signature:		
Teacher's Signature:		
Principal's Signature:		
Special Education Admi	nistration Signature:	

Adult Volunteers

At times, you may have parents who volunteer to provide you with assistance in your classroom. Parents should feel welcome to become more involved in the education of their children, but when volunteering in a special education room, confidentiality must be maintained. There are many ways in which a parent can help in your classroom while you maintain confidentiality. Be certain that student papers and records are put away, use only first names of students, and refrain from discussing student matters in front of a volunteer.

Parent volunteers and student teachers should read the attached "Confidentiality of Student Information". Be sure that the volunteer discusses this information with yourself, and the building principal, and ask them to sign the confidentiality agreement. Send the signed agreements to Carol Snyder.

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