

MONTGOMERY COUNTY PUBLIC SCHOOLS

Behavior Threat Assessment Team Confidentiality and Non-Disclosure Agreement Regarding Student Records

Department of Systemwide Safety and Emergency Management
Office of Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

I _____ understand that in the course of my activity as a member of the Behavior Threat Assessment Team (BTAT), for _____ [School Name] I may have access to Confidential Student Information that may not be disclosed except as permitted or required by state or federal law and in accord with the Family Education Rights and Privacy Act, and Montgomery County Public Schools (MCPS) policies and procedures.

Confidential Student Information includes, but is not limited to:

1. Records, files, documents, and other materials that include information directly related to a student and maintained by MCPS or by agencies and individuals acting on behalf of MCPS.
2. Information directly related to a student, specifically any information recorded in any way, including, but not limited to, handwriting, print, computer media, video or audiotape or film.
3. All other education records and verbal discussion of such records at BTAT meetings.
4. All BTAT discussions regarding a student.

BTAT MEMBER CONSENT

To promote student privacy, the BTAT leader will implement appropriate safeguards in the BTAT review, including:

1. No member of a BTAT shall re-disclose any criminal history record information obtained pursuant to the threat assessment or otherwise use any Confidential Student Information beyond the purpose for which such disclosure was made to the BTAT in order to carry out its prescribed activities.
2. The BTAT may not maintain a student's criminal history record obtained to carry out its functions, nor may BTAT members make copies of it.
3. Criminal history information may not be placed in a student's educational file or otherwise maintained as a student education record as defined by FERPA, 34 CFR §99.3.

By signing this Confidentiality and Nondisclosure Agreement, I acknowledge and agree that:

1. I will only access Confidential Student Information in furtherance of my duties as a member of the BTAT, and I will not release Confidential Student Information to any other agency with which I may be employed or associated.
2. I am obligated to hold Confidential Student Information in the strictest confidence and not to disclose the information to any person or in any manner outside of the BTAT meeting, to the MCPS districtwide BTAT, the Superintendent of Schools, or MCPS staff necessary for implementing action steps identified in the threat assessment process.
3. I will print Confidential Student Information only when necessary for the work of the BTAT and I am accountable for the confidential maintenance and destruction of the documents printed.
4. Failure to comply with my confidentiality obligation may result in disciplinary action or termination of my participation on the BTAT.
5. Impermissible disclosure of Confidential Student Information may result in legal action being taken against me.
6. My confidentiality obligation shall continue indefinitely, including after my association with the BTAT.

SIGNATURES

Print Name _____ Date ____/____/____

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Signature _____ Title _____