

**Doyle Elementary School**  
260 N. West Street  
Doylestown, PA 18901

**Parent Volunteer Confidentiality Pledge**



Thank you for your offer to help in our classrooms. As a volunteer during instructional time, you will be privy to the academic lives of the children in our class. Before you begin working with us, please read the below expectations, then sign and return the contract.

1. I understand that I must report to the office for a pass before proceeding to the classroom where I am expected. This policy keeps all students safe and all classrooms free from unexpected disruption. I understand that I am signing into only one classroom and may not drop in on siblings' classes. Soaring Eagles are learning all around me.
2. I understand that the teacher's instructional time is not conference time and will contact the teacher should I have any questions or concerns about my child.
3. I am aware that all children learn in different ways, at different times, and by different types of instruction. I will encourage, not compare, them.
4. As a volunteer working with our students, I am accepting a position of confidentiality. I respect each student's right to confidentiality and will not discuss their academic or behavioral progress outside the classroom. I will not ask the teacher to share information about any student other than my own.

I have read the above expectations and agree.

Date: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_