

**Field Placement Confidentiality Agreement**  
Educational Studies Department, Illinois Wesleyan University

IWU student name: \_\_\_\_\_ Field Placement Site: \_\_\_\_\_

Course name and number: \_\_\_\_\_ Professor: \_\_\_\_\_

By signing my name below I understand that:

1. Students and their families are protected by legal and ethical practices of confidentiality. Thus, I am bound to keep confidential any and all personal and academic information that I learn about individuals during my field placement.
2. Keeping information confidential means that I will not speak to anyone outside of those involved in this field placement about any information that I learn about individuals during my field placement. This means that I must not speak to my roommates, friends or family members (or anyone) about what I learn during my field placement..
3. I must discuss my field placement experiences with professor, cooperating teacher, and school counselors or administrators as required to earn credit for this course.
4. I understand that some students may ask that I keep certain information private, between the two of us. I understand that I must never promise to keep secrets. If a student asks: *"If I tell you something will you promise not to tell anyone?"* my response should always be clear that I cannot make that promise.
5. There are two conditions when confidentiality must be broken. First, I must report any suspicion or knowledge that I have that a minor is being neglected (e.g., lack of medical care, warm clothing, food) or abused (physically, emotionally, sexual). Second, I must report any suspicion or knowledge that I have about a minor who appears to be in danger of hurting him or herself or others (e.g., suicide, fighting, etc.). I have been told the proper protocols to use to follow through with these reports.
6. I understand that if anything whatsoever happens that makes me uncomfortable then I must fill out an incident report and discuss this with my professor.
7. I understand that I must not give out my phone number to students and I understand that I must not make arrangements to spend time with students outside of class.
8. I understand that I must never take a student outside the school building and never make individual arrangements to see a student outside of school hours.

IWU student name: (Please print) \_\_\_\_\_

SIGNED \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_

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White copy: student

yellow copy: Ed studies office