

EXHIBIT A
ACKNOWLEDGMENT AND CONSENT FORM

I, _____, hereby acknowledge that I will be providing CLASSROOM TEACHER ASSISTANCE to Independent School District No. 709, Duluth Public Schools (“District”) as a STUDENT TEACHER affiliated with [ENTITY] _____ (hereinafter “Requesting Entity”). I have reviewed and understand the data sharing agreement between the District and Requesting Entity, which describes the access I will have to District information in the course of providing services to the District, as well as District Policies 5060 through 5060R, which generally describe the District’s maintenance of student records.

I have also reviewed and understand the definitions of “personally identifiable information” and “educational data” as those terms are used in the Family Educational Rights and Privacy Act (“FERPA”) and the Minnesota Government Data Practices Act (“MGDPA”). 20 U.S.C. § 1232g, 34 C.F.R. § 99.31, and Minn. Stat. § 13.32. I acknowledge that personally identifiable information and educational data is prohibited from disclosure unless explicitly authorized by law. I understand I will be granted access to personally identifiable information and educational data under the “school official” exception recognized by both FERPA and the MGDPA only to the extent legitimately necessary for me to provide CLASSROOM TEACHER ASSISTANCE (hereinafter “Covered Services”) as a STUDENT TEACHER.

I hereby agree that I will use personally identifiable information and educational data only to the extent legitimate necessary for me to provide Covered Services as a STUDENT TEACHER. I further agree not to redisclose personally identifiable information and educational data to any person who is not a school official with a legitimate need to know the information or to any other third party unless disclosure is explicitly permitted or required by law. In the event a parent, eligible student, or other entity requests disclosure of personally identifiable information or educational data to a third party, I will direct the requesting individual to the appropriate building principal, who will process each request to disclose personally identifiable information and educational data in accordance with applicable District policies and procedures.

I acknowledge that I may not copy, duplicate, alter, modify, or otherwise make changes to or reproductions of personally identifiable information or educational data unless legitimately necessary to perform the Covered Services as a STUDENT TEACHER. In the event I do legitimately maintain copies or other reproductions of personally identifiable information or educational data, I agree to destroy such copies or reproductions within 30 days of the date I cease providing services to the District as a STUDENT TEACHER or within 30 days of the expiration of Requesting Entity’s data sharing agreement with the District, whichever occurs first.

Finally, I acknowledge that Requesting Entity may request information related to my performance as a STUDENT TEACHER for the purpose of conducting an evaluation of my ability to perform the duties of a STUDENT TEACHER. I hereby authorize the District to release all information maintained by the District as a result of my work with the District as a STUDENT TEACHER to Requesting Entity, including information that would be considered private personnel data under Minn. Stat. § 13.43.

Date: _____

Signed: _____

**ISD709 Network Security Access Form
Student Teacher Agreement**

Please submit forms directly to the Technology Department.

As a student teacher working with students in the Duluth Public Schools, I am requesting access to ISD709's network. By signing this form, I am indicating I read and understand District Policy and Regulations 5060 (Electronic Access to Student Information), 3187 (Use Policy for Internet Access), and 3189 (Technology Software Copyright and Hardware Management).

Please print:

First Name _____ Middle Initial _____ Last Name _____

- University of Minnesota, Duluth University of Wisconsin, Superior
 College of St. Scholastica Other _____

1. I understand that as a student teacher, I will receive access to District electronic email, access to a personal data director/folder, the Internet, Infinite Campus, and District printers.
2. I understand it would be a violation of School Board policy to allow another person to use my login user name or password.
3. I understand that I will be held accountable for all activities that happen under my login user name and will ensure my password is secure.
4. I understand that the network is monitored and any information electronically stored on District equipment is District property and may be altered, deleted, electronically backed up, or retained and archived.
5. I understand if I have access to employee or student information that I will be responsible for protecting that information and not releasing the data to unauthorized employees or outside agencies. If an employee asks for employee or student information, I will confirm with my supervisor that I may release this information and the requestor is authorized to receive the information. If any non-District employee or agency requests data, I will refer the request to the District Public Relations Office. I understand that failure to protect employee or student information in accordance with School Board policy and/or Minnesota State law for data privacy could result in disciplinary actions, including civil court action as defined and allowed by Federal and State law.

Student Teacher's Signature _____ **Date** _____

Fill out the student teaching assignment information below. If you are working with more than one cooperating teacher, fill out the information on the reverse of this sheet as well. Return completed forms to the Technology Department. (Historic Old Central High School: Room 320).

Cooperating Teacher

School _____ **Start Date** _____ **End Date** _____

Cooperating Teacher's Name (please print) _____

As a cooperating teacher I understand that the student teacher working with me has access to student data in Infinite Campus and that I am responsible for training him/her on and supervising his/her use of Infinite Campus. In addition, I understand that I am not to share my personal Infinite Campus login user name and password with my student teacher. I understand that failure to protect student information in accordance with School Board policy and/or Minnesota State law for data privacy could result in disciplinary actions, including civil court action as defined and allowed by Federal and State law.

Cooperating Teacher's Signature _____ **Date** _____

Building Principal's Signature _____ **Date** _____