

**SCHOOL BASED CHILD & FAMILY SUPPORT TEAM MEETING  
MEMBERS' CONFIDENTIALITY AGREEMENT**

We, as members of the School Based Child & Family Support Team working with \_\_\_\_\_ (child's name) at \_\_\_\_\_ (school) in \_\_\_\_\_ (county), understand that confidentiality of identifiable information disclosed during this meeting shall be maintained according applicable state and federal laws. We understand that (unless there is a signed "Consent to Release Confidential Information" in effect) authorization to share and receive information ends with departure from the School Based Child and Family Team meeting. In signing below, we agree to hold confidential what is shared within the School Based Child and Family Support Team meeting.

<b>Printed Name</b>	<b>Signature</b>	<b>Agency / Relationship to Child</b>	<b>Date</b>

**Use the space provided on the back of this form for additional meeting participants.**

[illegible]