English Language Program

**INTERPRETER**

**CONFIDENTIALITY AND NONDISCLOSURE AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that when employed as an Interpreter, my responsibility is to facilitate communication between two or more parties that do not speak or understand the same language. “All information discussed between the parties is considered to be CONFIDENTIAL.”

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to hold confidential information in trust and confidence and agree that information discussed or viewed regarding students/parents at a meeting/activity shall be used for only for the purposes of conducting such meeting/activity and shall not be used for any other purpose or disclosed to a third party. In addition, at the conclusion of the meeting/activity, I agree to return all written information (i.e. forms, notes, etc.) provided to me for the purposes of conducting such meeting/activity.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that in my capacity as an interpreter, I will communicate as accurately as possible what is being said between school representatives and parent, and **I will NOT at any time insert my opinions, feelings or suggestions to parents/guardians regarding the conversation.**

I understand that if I violate the agreement in any way, I will be terminated from the Interpreter list and will no longer be allowed to serve in an interpreter capacity for the Autauga County School District.

By signing, I agree to the terms and conditions of this Confidentiality and Nondisclosure Agreement.

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Interpreter Date

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EL Specialist Date

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Federal Programs Director Date