

Interpreter and Consultant Confidentiality Agreement

NESD Head Start Program, Inc.

Name: _____
(Please Print)

I am aware that in the course of my contract year, as an interpreter, I may have access to child applications with family information that includes: addresses, phone numbers and family income. I may also have access to children's dental and health information and children's progress reports.

As an interpreter I understand all such information is confidential and I will not discuss any information with anyone outside of Head Start unless specified by NESD Head Start Program, Inc. or the family of the child.

☐ **I verify that I have passed a background check within the past 5 years, distributed through NESD Head Start or another entity.**

This agreement is renewed annually.

Signature: _____

Date: _____