

University of Minnesota  
Institute of Child Development  
Shirley G. Moore Laboratory School

## CONFIDENTIALITY STATEMENT

As a member of the \_\_\_\_\_ project staff conducting research in the Shirley G. Moore Laboratory School, I understand the confidentiality issues involved in the program and agree to abide by the following guidelines:

1. I have read the Consent Form signed by Lab School parents or guardians, and will do my part to honor the agreements described in it.
2. I will treat the children and families involved in the project, and their data, with respect, realizing that I might not agree with the perspectives represented in their interviews.
3. I will not discuss project data with individuals who are not project staff members. If I am asked questions by non-project individuals about the research, or conclusions drawn from it, I will direct those questions to the faculty member supervising the project, or the Director of the Laboratory School.
4. I will not make additional copies of any materials for personal use. Violation of this guideline are grounds for dismissal from the project and for disciplinary action.
5. If I have contact with families or guardians in the project, I will not reveal any information about other participants to them.
6. If an uncertain situation arises regarding confidentiality, I will address questions to the faculty member supervising the project, or the Director of the Laboratory School

---

Printed Name

---

Legible Signature

---

Date

---

Reviewed by

---

Date