

Interpreter 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.

This agreement is renewed annually.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_