

STUDENT CLASSROOM ASSISTANT AGREEMENT

NAME _____ EXT# _____

ADDRESS _____ CELL# _____

I, _____, accept all the responsibilities and duties which come from my employment as a Student Classroom Assistant at the Center for Early Childhood Education at Fort Hill. I agree that my first priority during my working hours is to serve the needs of the CECE.

I will protect and maintain the confidentiality of all information acquired while working at the CECE. Information may come from access to computer screens, telephone conversations, written documents, office files, or through contact with teachers, parents, children or others who may call or visit the school. I understand that that information may only be disclosed as directed by my supervisor or other appropriate staff members at the CECE. I agree to maintain this confidentiality everywhere and for all time.

I will answer all inquiries from parents and others who may come to or call the CECE to the best of my ability and be sure that my response is in accordance with the policies of both the College and the CECE. I agree to make it clear to those making inquiries that I am not the final authority, and that I will make sure any questions or issues are given to my supervisor or appropriate staff member.

I will maintain an appropriate professional attitude at all times and keep in mind that I represent the CECE and Smith College. I will endeavor to contribute positively to their reputation and success.

I will adhere to the schedule established at the CECE with my supervisor and to notify my supervisor as soon as possible of any deviations from my schedule, including illness, exams or vacations. I understand that my reliability in attendance and job performance is critical to the program.

I accept the position of _____ at the CECE.

Signature of Student Classroom Assistant _____ Date _____

Signature of Supervisor _____ Date _____