SAMPLE STUDENT DATA PRIVACY CONTRACT EXEMPTION TEMPLATE

This exception template is required for the authorized use of an internet website, online service or mobile application for a student with an individualized education program (IEP) or 504 plan, in order to meet the educational needs of a student with disabilities while complying with the exemption for contracting requirements under Conn. Gen. Stat. § 10-234aa-dd.

School Name/District: ____________________________________________________________

Date form completed: ___________________________________________________________

Student Name: _________________________________________________________________

SASID #: ______________________________________________________________________

Planning and placement team (PPT)/504 Meeting Date: ______________________________

Name of source (internet website, online service or mobile application): ______________

Operator Name: (company/developer/contractor): _________________________________

The PPT/504 team acknowledges the following:

☐ the above listed source is unique and necessary to implement a student’s IEP or 504 plan. Attempts were made to find equivalent technology operated by a contractor that complies with the student data privacy requirements of CT.

☐ the above listed operator(s) is/are unable to comply with the student data privacy contracting requirements of CT, even after attempts were made to enter into a contract with the operator that complies with the student data privacy requirements of CT.

☐ the above listed source is FERPA and HIPAA compliant and the operator/contractor complies with the best practices of the student data privacy law’s requirements related to the security, maintenance, use and disclosure of student data pursuant to Conn. Gen. Stat. § 10-234cc.

I acknowledge that the above listed source does not comply with the contracting requirements of the Connecticut Student Privacy Law and authorize ___________________________ to utilize this with the student above ___________________________ as part of their IEP or 504 plan to meet identified educational needs.

_________________________________________  ________________________________

Parent/Guardian Signature                        PPT/504 Team Member Signature