

## SGID Facilitator Confidentiality Form

This form must be completed and submitted to the Instructional Advancement Center before a person becomes an SGID facilitator.

Facilitator (print name): \_\_\_\_\_

I understand that the information that I collect from the students as part of the SGID process and anything discussed with the instructor during the SGID meeting is for the personal growth of the instructor and should not be shared with anyone else.

Facilitator (signature): \_\_\_\_\_

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

IAC representative: \_\_\_\_\_

Return to:

Instructional Advancement Center  
Merrick 249 (above room 201)  
Locator Code 2047  
PO Box 248206