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**Lee County Middle School  
East Campus**  
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**ASSISTANT PRINCIPAL**  
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## Request for Observation of Teacher Classroom

**Directions:** Please complete the form below. Once the date and time have been determined appropriate by the teacher being observed, he/she will call the individual requesting the observation and confirm.

Teacher Classroom to be observed: \_\_\_\_\_

Person Observing Classroom: \_\_\_\_\_  
(Person observing must be legal guardian/parent or individual must be with an approved mentor program.)

Phone Number for person requesting observation: \_\_\_\_\_

Date and Time of Observation: \_\_\_\_\_

Three Alternative Dates and Times if the above date cannot work due to extenuating circumstances (alternate scheduling day, testing, field trip, sick leave, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher Approval: \_\_\_\_\_

Administrator Approval: \_\_\_\_\_

**\*\*\*Siblings or other small children are not allowed to accompany the individual observing. Thank you for your understanding.\*\***