

CRSD Student/Classroom Observation Request

Purpose of Observation:

Specific Student – Student Name: _____

Classroom _____ School _____

Teacher Name _____ Date of Request _____

Name of Observer(s) _____

Phone Number _____ Email _____

Agency Affiliation _____

Observation Goals (please be specific) _____

Requested Date for Observation

Requested Start Time of Observation

1st. Choice _____

1st. Choice _____

2nd. Choice _____

2nd. Choice _____

3rd. Choice _____

3rd. Choice _____

Confidential Agreement

During your observation, you will see students in the classroom. The confidentiality of these students is protected by state and federal regulation. Therefore, observers must sign the confidentiality agreement below as part of the observation request process.

I, _____(name), agree that I will not share any identifying student information obtained during the scheduled observation with anyone including teachers and parents. If I violate this agreement I will forfeit my right to future observations.

Signature(s) _____ Date: _____

Building Principal Approval _____

Date _____ **Date Returned to Requestor** _____