



Classroom Observations

Classroom Observation Procedures for Parents/Guardians

Travis Unified School District welcomes the opportunity to collaborate with parents and guardians in order to meet the needs of our students. TUSD encourages interested parents and guardians to visit the schools and participate in the educational program. Procedures are established to ensure the safety of students and staff. (*Board Policy 1250*)

Important information regarding observations and visits:

- Requests for observations must be made in advance, at a mutually agreeable time, by submitting a Classroom Observation Request Form, which also includes these components:
 - Individual making request
 - Name and title of observer
 - Purpose of observation
 - Preferred visit days and times
 - Contact information
- Classroom Observation Request Forms will be completed and turned in to the site's administrator.
- Each Classroom Observation Request will be considered on an individual basis based on its purpose, duration, and frequency.
- Every effort will be made to accommodate observation requests. Our first priority is maintaining the learning environment and safety for our students and staff. To minimize classroom disruptions, observation duration may be limited based on the specific purpose as well as staff availability.
- A member of the site/district staff will accompany visitors. This could include site or district administration.
- Visits will be scheduled in an effort to accommodate the classroom schedule, school personnel schedule, and the requests of the parent.
- If there is a need for a follow-up discussion with the teacher, this must be scheduled in addition to the actual observation.

When on campus:

- All documentation must be completed and turned in prior to the observation scheduled.
- Any observers will be required to sign into the school site and complete the Classroom Observation Conditions Acknowledgement Form.



Classroom Observations

Classroom Observation Request Form

Date of Request: _____

Name of Individual Making Request: _____

Student Name: _____

Name and Title of Observer: _____

Purpose of the Observation:

Preferred Visit Days and Times:

Contact Information: _____

For District Use

Date Received:

Date of Observation:

Will be Accompanied by:

Email Notification to Teacher(s) on:



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Classroom Observation Conditions Acknowledgement Form

I, _____, have requested to observe a student, classroom or program. Observation conditions apply in all settings on the school campus: in class, outside during recess, during lunch, or in any specialized learning program such as intervention, Learning Center, PE, Music, or other such program. In exchange for permission to observe, I agree to abide by the following conditions during the observation/visit:

- ____ 1. I will only interact with my student.
- ____ 2. I will remain in the location directed by the teacher or staff member so as to not disrupt the educational process.
- ____ 3. I will only ask questions pertaining to my student.
- ____ 4. Taking pictures or video/audio recording at any point while on the school site is prohibited. (*Education Code Section 51512*)
- ____ 5. I will only seek to study or look at work samples from my child during the observation.
- ____ 6. I will only provide food or other items to my student while on campus.
- ____ 7. I acknowledge that I cannot disclose any student identifying information to others related to the observation, including a description of the students observed, their educational needs, and/or their performance as demonstrated during the observation.
- ____ 8. To the extent that I glean information related to another student's ability, disability, educational needs, and/or educational program during the observation, I will maintain it in strict confidence.

Please initial each statement above in recognition of your agreement to abide by the conditions set forth by Travis Unified School District. If any violation of any of the above conditions occurs, you will be asked to leave the school premises immediately.

Signature of Observer

Date

Name of Student to be observed: _____