



Kyrene School District

Classroom Observation by Community-Based Provider

Purpose:

- To support and encourage a collaborative relationship between families, school providers, and community-based providers
- To provide community-based providers with an opportunity to observe student functioning in an academic setting where students with disabilities are being served
- To facilitate home/school connections by sharing information

Procedure:

- A signed permission to exchange information shall be on file with the district prior to the observation.
- Parent completes request for observation to the principal. Written request must include:
 - student name
 - classroom teacher name
 - name of requested observer
 - role of observer
 - purpose of observation
- Community-Based Provider observation requests will be considered no more than twice per academic year.
- Following confirmation of observation by the principal, parent completes Classroom Observation Confidentiality Agreement for Community-Based Providers and sends to principal.
- Principal sends a copy of the agreement to the site's assigned ESS Coordinator and other relevant staff.
- Completed agreement shall be placed in the student's cumulative record.
- Observer schedules the observation with the principal.

Guidelines:

- The observation is specific and limited to the identified student. Anything seen or heard regarding other students in classrooms is confidential information and not to be shared.
- The observation is for a one-hour period of time, no more than twice per academic year.
- Observer is sensitive to the classroom environment, avoiding interaction with students and/or classroom staff during the observation period.
- A KSD site Administrator or District ESS staff shall accompany the observer for the duration of the visit.



Kyrene School District
Classroom Observation Confidentiality
Agreement for Community-Based Providers
3-203.A

I, _____ (parent), request to have _____ (provider) observe _____ (student) in his/her classroom at _____ (location). The observation has been scheduled for _____ (date/time).

I, the Provider, understand that due to the nature of the learning environment, I may be inadvertently exposed to confidential information about other students. Such information may include a student's scholastic performance, disability, services received, or medical/personal information. I acknowledge that this is highly sensitive and confidential information, and that I am not authorized to disclose such information, except that information pertaining to my observation of _____ (student).

Additionally, by signing below, I provide acknowledgment for the following conditions in order to minimize disruptions, allow students access to appropriate instruction and supports, and ensure student safety:

1. Observations will be limited in time.
2. I will remain in a teacher-designated area, turn off all electronic devices, and refrain from interacting with staff and students.
3. Video/audio recording and picture taking is not permitted.
4. All information regarding students, their disabilities, and individual education programs must be kept confidential, as disclosure of this information is illegal.
5. As a visitor, I will sign in at the office before entering campus, wear the appropriate visitor badge at all times, and sign out on completion of the observation.
6. I may be asked by the school principal to leave campus if deemed necessary.
7. I will be accompanied by the principal or designee to facilitate the observation process.

Parent's name (printed) Parent's signature Date

Observer's name (printed) Observer's signature Date

Principal/Designee's name (printed) Principal/Designee's signature Date