



## Classroom Observation Request Form

### Section A – This section to be completed by the person requesting a classroom observation

1. Date \_\_\_\_\_
2. Campus Name \_\_\_\_\_
3. Parent/Guardian completing the request \_\_\_\_\_
4. Child's name \_\_\_\_\_
5. Name of the teacher requested for classroom observation \_\_\_\_\_
6. State the reason for the classroom observation request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Due to the FERPA regulations, please be aware that questions, comments and talking to students during observations are not allowed.

Signature of person requesting the observation and date

\_\_\_\_\_

### Section B - This section to be completed by the campus Principal

**If request is denied, contact the parent and inform him/her the request has been denied.**

**If the request is approved, complete section below, and contact the parent regarding the approved observation date. Complete the information below for the campus records and for the parent.**

Upon approval of the observation request, the principal and classroom teacher will both sign the form.

Date and time approved for the observation \_\_\_\_\_

Teacher signature \_\_\_\_\_

Principal signature \_\_\_\_\_

Original copy retained by the Principal

Copy provided to the person requesting an observation