CLASSROOM OBSERVATION REQUEST & AGREEMENT FORM

(To be completed by a parent or parent representative at least 5 school days prior to requested date)

Part 1: Request Details

Student Name: _____ **Date of Birth:** _____

School Site: _____ **Grade/Program:** _____

Person Requesting Visit: _____

Relationship to Student: ☐ Parent/Guardian ☐/Representative/Independent Evaluator*

Phone Number: _____ **Email:** _____

Requested Date(s) & Time(s): _____

Specific Purpose of Observation: _____

**If applicant is a Parental Representative/Evaluator, please attach a signed Release of Information. If applicant is an Evaluator, please attach a copy of your Credentials and/or CV.*

Part 2: Confidentiality & Visitor Agreement

By signing below, I agree to the following terms during my classroom visit:

1. **Site Protocols:** I will follow all school site visitor requirements, including checking in/out at the office, wearing a visitor badge, and abiding by LEA safety policies.
2. **Non-Disruption:** I will remain seated in the designated area, will not interact with staff or students during instructional time, and will not disrupt the classroom environment.
3. **Privacy & Confidentiality:** I understand that I am observing the designated student or program only. Information regarding other students is strictly confidential under FERPA. If I observe or hear information about another student, I will keep it in strict confidence.
4. **No Electronic Recording / No AI:** I will **NOT** use cell phones, audio/video recording equipment, wearable smart cameras (e.g., Ray-Ban Meta glasses), or AI transcription tools/apps at any time during my visit. All devices will be silenced and stored away.
5. **Notes & Debrief:** I understand the LEA may request copies of my observation notes and I will cooperate with a reasonable request for information regarding the observation, consistent with applicable laws and subject to any asserted privileges or protections. Administrative staff will be available for up to 15 minutes for a post-visit debrief.
6. **Staff Evaluation:** I understand this observation visit is not for evaluating staff. Any comments regarding staff will be submitted privately to a site administrator.

Observer Signature: _____ **Date:** _____

For District/Administrator Use Only

[☐] Request Approved ☐ Request Rescheduled

Scheduled Date: _____ **Time:** _____ to _____

Designated Staff Escort: _____

Signed *Release of Information* on File (if Rep): [☐] Yes [☐] N/A

Administrator Signature: _____