

# Request for Classroom Observation

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In order to minimize disruption to the educational environment, classroom observations are not to exceed 30 minutes.

**Name of Observer**

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**Phone Number**

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**Requested Date of Observation**

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**Requested Classroom Teacher**

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**Beginning and ending time of Observation**

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**Purpose of the Observation**

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## **Requirements and Expectations of Observers**

1. Remain quietly seated in the area designated by the classroom teacher.
2. Do not engage students or staff in conversation during observation.
3. Keep in confidence any observations of student educational performance that you obtain during your visit.

Office Use:

Teacher Signature: \_\_\_\_\_ Principal Signature: \_\_\_\_\_

Date/Time Called: \_\_\_\_\_