

Oxford Public Schools Project COFFEE

Date:

Classroom Observation Request Form

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

1. School Name _____
2. Name of person requesting observation _____
3. Requestor phone _____
4. Student's Name _____
5. Teacher's Name _____
6. Reason for the observation _____

Due to FERPA regulations, please be aware that questions, comments, and talking to students during observations is not permitted.

Requestor's Signature _____ Date _____

Section B – this section to be completed by the principal

If request is denied, contact parent and inform him/her of that decision.

If request is approved, complete below, and contact requestor with observation date. Complete information below.

Date approved for observation _____ **Time** _____

Special Education Director Signature _____

Principal signature _____

Original copy retained for school file

Copy provided to person requesting observation and Special Education office.

