

# 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.

