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# Reading Public Schools

*Instilling a joy of learning and inspiring the innovative leaders of tomorrow*

## Parent Request for Observation

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Observer's Name: \_\_\_\_\_

Observer's Role: \_\_\_\_\_

Contact Information for Observer:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Purpose of Observation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a particular part of your child's school day that you wish to have the observer see?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have received the Observation Guidelines ( p.70 of procedure manual)

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head/Team Chair/Principal: \_\_\_\_\_ Date Received \_\_\_\_\_

