

**HOLLISTON PUBLIC SCHOOLS
OFFICE OF STUDENT SERVICES**

OBSERVATION REQUEST

1. Name of student to be observed: _____ Grade: _____

2. Please list several dates for the observation which are convenient for you:

3. What is the focus of your observation?

Academics _____ Behavior _____ Environment _____ Therapies _____ Other _____

What setting are you requesting to observe:

Mainstream Classes _____ Therapy Sessions _____ Special Ed. Classes _____ Other _____

4. Due to class size and the distraction element inherent in any visitor's presence, the SPED Department's policy is to allow one observer to visit for a maximum of two consecutive periods. Given that time-frame, please list, in order of importance, components of the program you wish to observe. An example would be Language Skills, Reading, Language Processing, etc.:

5. Please list any type of general information which you would find helpful so that we can prepare it for you in advance of your visit. An example would be the student's schedule, number of students in class, language program used, number of adults working within the classroom, etc.:

6. Have you discussed your request for an observation with the parents of the child? _____

Please be punctual. Missed appointments will be difficult to reschedule. Visitors/observers are asked to arrive at the designated meeting place 10 minutes prior to the scheduled visit/observation. The designated meeting place is:

Plan your visit so that you require a minimum of materials. Please do not bring any unnecessary materials to the classroom(s). Please do not speak to either the staff or students during the observation. A staff member will be assigned to accompany you.

This completed form must be received by the SPED Office no later than three (3) days prior to any tentative date. When it is received, we will contact you to schedule the visit and send written confirmation.

Signature

Date