



27A Massachusetts Avenue • Harvard, Massachusetts • 01451  
(978) 456-4140

### **Request for Classroom Observation**

I agree to the following and affirm by signature below.

Name of Parent/Guardian: \_\_\_\_\_

Date Request is Submitted: \_\_\_\_\_

Student Involved: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Observer (limited to 1 person): \_\_\_\_\_

Purpose of the Observation: \_\_\_\_\_

Subject Area Request: \_\_\_\_\_

Requested Date of Observation (please offer several agreeable dates or call the principal to make an arrangement):  
\_\_\_\_\_

In the event that I (or the designated observer) obtain personally identifiable or confidential information about a student (other than the one mentioned above) during the course of an evaluation/observation, I agree not to disclose that information to another party.

I agree to provide a copy of written documents and/or reports at least two (2) days prior to any meeting resulting from this observation.

Parental/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

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To be completed by administrator and a copy returned to parents/guardians as confirmation

Administrative Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

Date and Time of Observation: \_\_\_\_\_

Duration of Observation: \_\_\_\_\_

Administrator/Designee who will accompany the observer: \_\_\_\_\_