

**Manor Middle School**

**Classroom Observation Request**

Occasionally, we receive requests for classroom observations. It is our goal to maintain a welcoming environment that encourages a partnership between our parents, staff, and students without compromising the safety or the instructional time of our students and staff.

The following criteria, in accordance with our district guidelines, will be followed for all parent/guardian observations:

* Classroom observation requests may be submitted by parents or legal guardians only.
* Parent/guardian must complete the KISD volunteer application to observe in the classroom. The volunteer application is available on the Killeen ISD Webpage. The volunteer application background check process usually takes 24-48 hours to complete.
* Classroom observation requests must be approved by the teacher and the principal.
* Classroom observation may not exceed 45 minutes.
* A student-centered purpose for the observation will be provided at the time of the request. Specifically, the observation should be focused on your student.
* Interaction with students during the observation will be permitted at the teacher’s discretion.
* The scheduled time is for observation only. If parent/guardian would like to discuss observation with the teacher, a separate appointment will be scheduled for a parent-teacher conference.

I have read and understand these guidelines.

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Parent/Guardian Signature Date



**Manor Middle School**

**Classroom Observation Request**

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose (Student-centered) for Observation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Preferred Subject for Observation **(Please Circle One):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Day(s) for Observation **(Please Circle All that Apply):** M T W TH F

Volunteer Application Completed **(Please Circle One):** YES NO

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Teacher Approval Date

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Principal Approval Date

**For Administrator Use Only**

Volunteer Application Verified in TEAMS: \_\_\_\_\_\_\_\_\_\_\_ Date/Time of Observation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Notified via Telephone on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_