

ARLINGTON PUBLIC SCHOOLS
DEPARTMENT OF STUDENT SERVICES
Office of Special Education
Classroom Observation Guidelines and Forms

Arlington Public Schools (APS) values family involvement in schools. Family involvement contributes greatly to student achievement and conduct. APS is committed to providing parents or their representatives with reasonable access to their child's current and/or potential educational program. In absence of policy, the Department of Student Services in conjunction with the Special Education Advisory Committee, have developed guidelines for classroom observations.

During classroom observations, and other parent interactions with students and staff, student confidentiality and right to privacy shall be protected and respected at all times. Parents or their representatives (with written parent authorization) interested in observing their student's class or participating in a planned classroom activity should contact the principal in advance to arrange a visit. Request for observations and written parent authorization must be received in advance by submitting a **Classroom Observation Request Form** (see attached). While every effort will be made to accommodate the request, in the event that a specific date and time are not available, the request should include an alternative time and/or date.

Parents and other representatives are asked to sign-in with the main office of the school so that APS staff can facilitate the visit. Parent(s) and/or their representative should be mindful that the teacher's role is to deliver instruction. Therefore, there should not be an expectation that the teacher will answer questions or engage in conversations that take him or her away from classroom instruction.

Observations should be minimized during the critical first few weeks of school when children are experiencing new routines and environments. The observation may not be scheduled during the administration of standardized testing or exams where a visit would be disruptive to the learning environment. One (1) hour is considered a reasonable period of time to observe the student in one setting. An APS employee will accompany observers during the classroom observation.

All individuals who visit APS for classroom observations are required to sign a **Classroom Observation Confidentiality Agreement** (see attached) to protect the rights of other students in the class.

Parent representatives who are conducting classroom observations on behalf of parents must have the **Release of Information** form (see attached) completed before the observation.

Note – Classroom observation requests from parent(s)/guardian(s) of children not currently enrolled in APS should be submitted to the Office of Special Education. In these cases, a time will be scheduled outside of teaching hours for the parent(s)/guardian(s) to meet with the child's prospective teacher and appropriate APS staff and to visit the prospective classroom.

Classroom Observation Request Form

The purpose of the classroom observation should be to collect information regarding your child's performance, current or proposed educational program, placement or services that can be used to assist in making decisions regarding your child's instructional program.

Please complete the following information and an administrator or designee will contact you regarding the visit.

Student Name: _____

Parent/Guardian Name: _____

Date of Request: _____

Name and Title of Observer: _____

Classroom(s) to be Observed: _____

Purpose of the Observation: _____

Requested time(s)/date(s) for observation: _____

Contact Information: _____

Person Requesting Observation Signature _____

Date: _____

Administrator Signature _____ Date: _____

Note: If there is a need for a follow-up discussion with the classroom teacher and/or program specialist, please schedule a separate time to discuss the observation.

Classroom Observation Confidentiality Agreement

I, _____, (Observer) have made a request or have been asked by _____, (Name of Requester) to observe a classroom or program at _____. (Location) As part of the observation I agree to abide by the following conditions:

1. I will make every effort not to disrupt the teaching and learning process or distract the students, teachers, or paraprofessionals during the observation. Unless otherwise specified by the teacher, any questions can be scheduled at a later date.
2. In order to accommodate potential visitors and to minimize disruption to the student's education environment, each observation will not exceed an hour.
3. During the observation, I will remain in the designated location, as directed and will turn off my mobile phone.
4. I will not take pictures, videos, or audio recording during the observation.
5. I acknowledge that I cannot disclose any identifying information regarding other students in the classroom, including a description of the student(s) observed, their education needs, and/or their performance during the observation.
6. I acknowledge that information related to a student's disability and individualized education program is highly confidential and protected by the Family Educational Rights and Privacy Act, and that I have no right to access such information without permission. I will maintain any information in strict confidence related to other students' disabilities, educational needs, and/or educational programs that I observe.
7. I understand that failure to abide by these procedures for classroom observation may result in revocation of my observation privileges.

Signature of Observer: _____

Date: _____

Note: APS reserves the right to utilize law enforcement agencies to remove any individual conducting him/herself in such a manner as to seriously interfere with lawful activities of the school. If this should occur, the building administrator will notify the Superintendent's Office.

RELEASE OF INFORMATION

Date _____

The information checked below is in regard to _____

Name

DOB

Present school or last school attended in Arlington _____

I authorize communication between Arlington Public School staff and _____

Name of person/agency/organization

Address

Telephone

This communication may include exchange of records and discussion related to the student's educational performance as specified below:

_____ All records relating to the identification, eligibility and/or placement of a student in a special education program and/or related services

_____ Medical records

_____ Educational evaluation(s)

_____ Psychological evaluation(s)

_____ Sociocultural report

_____ Speech/Language evaluation(s)

_____ Occupational therapy evaluation(s)

_____ Verbal communication

_____ Email*

Other (specify) _____

Signature

Date signed

Relationship to student

Optional expiration date

**AUTHORIZATION TO ARLINGTON PUBLIC SCHOOLS EXPIRES ONE YEAR
FROM THE DATE OF SIGNATURE UNLESS OTHERWISE SPECIFIED**

Note: All materials received become part of the student's Education Record which may be inspected by the parent, legal guardian, or legally authorized representative.

* "Please be advised that email is not a secure form of communication. There should be no expectation of right to privacy in anything sent via electronic mail."

cc: Education Record