NTDSE
Empowering All To Achieve

Classroom Observation Procedures for Parents and Private Providers

General Information:

NTDSE believes that parents are our educational partners and encourages parents to maintain an active role in their child's education. To this end, NTDSE encourages parents to visit their child's classroom and to maintain regular communication with teachers, therapists, and administrators regarding their child's educational progress. In addition to parents, NTDSE welcomes visits from professionals working with our students. We believe that collaboration between professionals supports maximum student growth.

Classroom Observation Procedures for Parents and Private Providers

NTDSE welcomes the opportunity to collaborate with parents and private providers to meet students' needs. To facilitate timely responses to the many requests for school observations, the District uses a specific process.

Before scheduling any observation, the District must have a current "Authorization for Exchange of Confidential Information" on file for any private provider who wishes to observe or consult. In addition, any observers will be required to sign the Classroom Observation Confidentiality Acknowledgement Form. Observations are limited to 1 hour per individual per trimester.

Requests for observations must be made at least 72 hours in advance of preferred visit dates by submitting a Classroom Observation Request Form (below), which also includes these components:

- Individual making a request
- Name and title of observer
- Purpose of observation
- Preferred visit days and times
- Contact information

Classroom observation request forms should be completed and submitted to the Program Administrator.

Each Classroom Observation Request will be considered on an individual basis based on its purpose, duration, and frequency. We will make every effort to accommodate observation requests, but our first priority is maintaining the learning environment for our students. To minimize classroom disruptions, observation durations are limited to 1 hour and are determined by staff availability. A member of the student's educational team, such as the Principal, Psychologist, Social Worker, and/or Program Administrator, will always accompany visitors throughout the observation. Visits will be scheduled to accommodate the classroom schedule, school personnel schedule, and the parents' or private provider's requests. If a follow-up discussion with the teacher is needed, it must be scheduled in addition to the actual observation.

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Classroom Observation Request Form

Date of Request: _____

Name of Individual Making Request: _____

Student Name: _____

Name and Title of Observer: _____

Purpose of the Observation: _____

_____

_____

Preferred Visit Days and Times: _____

_____

Contact Information: _____

_____

Please submit a paper or electronic copy to the Program Administrator.

For District Use
Date Received:
Authorization for Exchange of Confidential Information on File: Y/N
Date of Observation:
Accompanied by:
Email Notification to Teacher(s) on:

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Classroom Observation Confidentiality Acknowledgement Form

I, _____, have requested to observe a classroom or program attended by students with disabilities. In exchange for permission to observe, I agree to abide by the following conditions:

1. During the observation, I will not address the teacher or support staff present, interact with students, or otherwise disrupt the teaching and learning.

2. During the observation, I will remain in the location directed by the teacher so as not to disrupt the educational process.

3. I will not ask questions pertaining to the students in the classroom related to their services, disability, or achievement.

4. I will not seek to study or look at work samples from the students during the observation.

5. I acknowledge that I cannot disclose any student-identifying information to others related to the observation, including a description of the students observed, their educational needs, and/or their performance as demonstrated during the observation.

6. I acknowledge that school student record information, including all information related to the student's disability and individualized education plan, is highly confidential information protected by the *Family Educational Rights and Privacy Act* and the *Illinois School Records Act*, and that I have no right to access such information for students without permission. To the extent that I glean information related to another student's disability, educational needs, and/or educational program during the observation, I must maintain it in strict confidence.

_____ _____

Signature of Observer Date