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## REQUEST FOR STUDENT OBSERVATION PROCESS

Hampton City Schools (HCS) is committed to addressing the educational needs of all students. HCS acknowledges that there are times that parents/legal guardians may want to observe their child within the classroom. This document outlines the process to request such an observation.

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Parents/legal guardians of minor students may participate in school activities with the prior approval of the principal and in accordance with Virginia Code §22.1-4.3. Parents/legal guardians who wish to observe their student during school hours may do so with the principal's permission, in a manner that is not disruptive to the learning environment. To submit a request, parents must first complete the attached *Request for Student Observation Form*. Once permission has been granted, and prior to any observation, the parent/legal guardian must complete and sign the attached *HCS Confidentiality Agreement for Student Observation Form*. The signed agreement form, along with the request form, will remain on file in the school's office for the remainder of the school year. Should the parent/legal guardian request permission to observe the student the following school year, a new request will need to be submitted to the school's principal.

Observations of students during school hours by non-school personnel will be limited to licensed professionals conducting independent educational evaluations (IEEs). Such persons must also have prior approval of the principal and such observations must be in conjunction with a scheduled school-related evaluation or meeting. The private observation for these purposes will be limited to the same time and scope as school staff observations for related evaluations/meetings. The principal may set additional conditions on the observation and may terminate an observation should it become disruptive to the learning environment.



### REQUEST FOR STUDENT OBSERVATION FORM

Please complete the following information and return this form to your school's principal.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of student to be observed: \_\_\_\_\_

Affiliation/Agency: \_\_\_\_\_

(If the request to observe is for a school-related evaluation, a signed release of information form from the student's parent must be attached to this request or be on file with the school. This will allow school personnel to discuss and release information to the individual named above regarding the student.)

In the space below, clearly define the purpose of the observation. Please attach additional sheets as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed date and time of visit/observation:

Preferred Date: \_\_\_\_\_ Time: \_\_\_\_\_

Alternate Date: \_\_\_\_\_ Time: \_\_\_\_\_

Alternate Date: \_\_\_\_\_ Time: \_\_\_\_\_

If the request to observe is for a school-related evaluation, with whom will the notes of the visit or observational data be shared? \_\_\_\_\_

Date Request Submitted: \_\_\_\_\_ School Year: \_\_\_\_\_

<b>(For HCS USE ONLY)</b>	
Date Request Received by Principal: _____	
Request is approved. _____ Initials	Request is denied. _____ Initials
Date of communication regarding approval or denial of the request: ____/____/____	



## HCS CONFIDENTIALITY AGREEMENT FOR STUDENT OBSERVATION FORM

*The observer's signature indicates his/her agreement to follow the provisions outlined below.*

**Observer Name:** \_\_\_\_\_

**Student to be observed:** \_\_\_\_\_

**Agency/address (if applicable):** \_\_\_\_\_

1. If I am not the parent/guardian, signed written consent from the parent/guardian authorizing me to observe the student must be provided prior to the observation.
2. I understand that all classroom observations must be scheduled in advance with the building principal/administrator. I further understand and agree to any and all time, date and class subject limitations for the observation as directed by the building principal/administrator.
3. I understand that my observation must be conducted in a manner that is not disruptive to the learning environment and that the administration will determine whether the observation is disruptive.
4. I shall protect the right to confidentiality for all students and shall not share specific information about any other student, orally or in writing that would allow a student to be identified.
5. I shall limit my observation and comments to the behaviors and/or instructional programming of the student being observed.
6. I shall not make comments regarding the teacher to students, parents or others.
7. I understand that I cannot make educational program or placement decisions for students with an IEP, as this is only done by the IEP team. I agree to address concerns from my observation with the building principal/administrator or at a future IEP meeting.
8. I will make requests to view any additional information regarding the student's educational program outside the classroom observation via email, follow-up conference or telephone with the classroom teacher, building principal/administrator or designated HCS staff member.
9. I understand that I must follow the provisions of the Family Educational Rights and Privacy Act (FERPA) to access materials and educational records related to the student and that HCS provides parents/guardians with the right to review and inspect education records of their students during normal working hours.
10. I shall direct any questions concerning the procedures for classroom observations or compliance with Agreement to the building principal/administrator.
11. I understand that HCS reserves the right to monitor classroom observations and to rescind authority to participate in classroom observations to any individual who misuses such access, violates the provisions of FERPA or otherwise violates this Agreement.

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**Observer Signature**

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**Date**