ARLINGTON PUBLIC SCHOOLS

Office of Academics Office of Special Education

Classroom Observation Guidelines and Forms

Arlington Public Schools (APS) values family engagement with schools. Family engagement contributes greatly to student achievement and outcomes. 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 Office of Special Education 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 and/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 <u>not</u> currently enrolled in APS should be submitted to the Office of Special Education. In these cases, a time will be scheduled <u>outside</u> 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.

Please fill out the English version of this form in English

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 admin	istrator or designee will contact you regard	ing 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

ARLINGTON PUBLIC SCHOOLS Arlington, Virginia 22204 Classroom Observation				
schedule a separate time to discuss the observation.				

Please fill out the English version of this form in English

Classroom Observation Confidentiality Agreement

	, (Observer) have made a request or have been asked by,
	e of Requester) to observe a classroom or program at (Location) As part of 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, discussion/responses to 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 in highly confidential and protected by the Family Educational Rights and Privacy Act, and that I have not 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 observe.
7.	I understand that failure to abide by these procedures for classroom observation may result in revocation of my observation privileges.
S	ignature of Observer:Date:
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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