***FSK Parent Classroom Visit Protocol***

Due to testing schedules, planned classroom activities, and safety/security protocols, parents who would like to observe their child must email the request to Mr. Basmajian, Mrs. Pitts and the classroom teacher at least **24 Hour in advance.  This request should include the requested date of visit, time, and reason for visit.** Unless otherwise agreed upon, observations are limited to 20 minutes.

***During the Observations, we ask that parents follow the policies below:***

* All visitors must have a visitors badge from the main office.
* Teachers will have a set location for you to sit and observe.
* Teachers will have a Parent Reflection Sheet for you to fill out during your visit. Please leave it with the teacher or place it in their mailbox in the main office.
* Cell phones should not be utilized within the classroom.
* There is absolutely no videotaping allowed while on school grounds.
* We are asking parents to be “silent observers” while visiting the classroom. This includes with your own child as we do not want to disrupt the natural flow of the class for your child, the teachers, and the rest of the class.
* Please do not engage in conversations with students.
* Please do not interact with the teacher or other staff members while they are teaching, during transition, or at any other time during your visit.
* If you would like to schedule a conference with the teacher, please reach out to them via email and they will work with you to schedule the meeting.
* Parents should not move about the building and should always remain in the classroom with their child.

Classroom Observation Request

Student Name & Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to request a classroom observation with my child’s classroom teacher.

**Teacher Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best dates: Please list 3 different options.**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best times: Please give us at least 2 time frames. Observation windows are 20 minutes long.**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Reason for Observation:**  |

**\_\_\_\_ I understand that my request must be submitted at least 24 hours in advance and that I must hear back from my child’s teacher for this request to be confirmed.**

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Welcome to Our Classroom!**

As you observe, please complete this form, and submit it to your child’s teacher at the end of your visit.

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Reason for Observation:  |

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| --- |
| Notes:  |

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| --- |
| I’m proud of my child for:  |

|  |
| --- |
| An area I’d like to see my child improve on is/ a goal I’d like to see my child achieve is:  |

|  |
| --- |
| A question I have is:  |

|  |
| --- |
| Please share anything else that you would like us to know! |

Thank you! We will see you next time.

**TEACHER SECTION**

**Form reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**