



ALBUQUERQUE SCHOOL OF EXCELLENCE

13201 Lomas Blvd. NE Albuquerque, NM 87112 ♦ Phone: 505.312.7711 ♦ Fax: 505.312.7712

Classroom Observation Procedures for Parents and Private Providers

Visits to individual classrooms during instructional time shall be permitted only with the principal's and teacher's approval, and such visits shall not be permitted if their duration or frequency interferes with the delivery of instruction or disrupts the normal school environment.

Albuquerque School of Excellence welcomes the opportunity to collaborate with parents and private providers in order to meet the needs of students. In order to facilitate the many requests made for school observations in a timely manner, a specific process is utilized by ASE.

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.

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

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

Classroom observation request forms will be turned in to Principal.

Each Classroom Observation Request will be considered on an individual basis and based on its purpose, duration and frequency. To minimize classroom disruptions, observations duration may be limited based on the specific purpose as well as staff availability. Visits will be scheduled in an effort to accommodate the classroom schedule, school personnel schedule, and the requests of the parent or private provider. If there is a need for a follow-up discussion with staff, this 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 info@abqse.org

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 to not 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 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