

Classroom Observation Procedures for Parents and Private Providers

Troup County Exceptional Education Department 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 the district.

Before scheduling any observation, the district must have a current “HIPAA Compliant Release of Information Form Authorization to Release Protected Health 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.

Requests for observations must be made at least one week 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

The forms referenced above are available in the FORMS section of the website.

Classroom observation request forms will be turned in to the Program specific Coordinator or Director of Exceptional Education.

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, observations duration may be limited to the specific purpose of observation as well as staff availability.

A member of the TCSS/Exceptional Education Department, such as the Principal, Psychologist, and/or Coordinator, will always accompany visitors. 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 the teacher, this must be scheduled in addition to the actual observation.

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 your school's coordinator:

Director of Exceptional Education
Kitty Crawford: crawfordkm@troup.org

Coordinator of Preschool & Elementary Exceptional Education
LaTanya Barkley: barkleye@troup.org

Coordinator of Middle & High Exceptional Education
Shari Dillon: dillionsc@troup.org

Coordinator of Special Programs
Jessica Morman: mormanj@troup.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:

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 demographics, and 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 *Georgia 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

Agency representing

Date