

**RCS #137 Request for Access to and Observation of District Educational Programs by
Parents, Independent Educational Evaluators or Qualified Professionals**

Student name: _____ DOB: _____

School attending: _____ Grade: _____

The following information must be completed by individuals requesting to access a school building, facility, and/or educational programs. Please complete this form and return it to the Building Principal where the student is enrolled. He or she will contact you to coordinate your visit:

Parent/Guardian *(Complete this section if the person making the request is the parent/guardian.)*

Name: _____ Title: _____ Phone: _____

Address: _____

I am the parent/guardian of the above-named student and wish to observe my child in the following classroom/settings: _____ for the purpose of: _____

I am the parent/guardian of the above-named student and wish to observe the following classroom/settings which have been recommended for my child: _____ for the purpose of: _____

Observations are limited to one hour or one class period per semester.

Parent's Independent Evaluator or Other Qualified Professional *(Complete this section if the person making the request is not the parent/guardian.)*

Name: _____ Agency/Company: _____

Phone: _____ Email address: _____

Address: _____

I have been requested by the above named student's parent/guardian to conduct an observation of the student for the purpose of: _____

As part of this evaluation, I am requesting the following for the length of time noted:

Observation of student in the following classroom(s)/setting(s): _____
Duration: _____

ALL COMPLETE THIS PORTION

Acknowledgement *(To be completed by the person making the access request.)*

I understand that the School District will allow me reasonable access to the school, school facilities, or educational programs or individual(s) I have requested as related to the purpose of my visit. I further understand that during my visit, I must honor all students' confidentiality rights and refrain from any re-disclosure of such records.

Individual Requesting Access Signature

Date

Parent/Guardian Verification *(Must be completed whenever an independent evaluator or other qualified professional requests access.)*

I, _____, am the parent/guardian of the above-named student, and I confirm that I have requested an evaluation of my child by the individual named herein, for the stated purpose(s). I have no reason to believe the evaluator poses a safety risk to my child or others. I further understand and agree that it is my responsibility to notify the School District in writing if I end my working relationship with the named observer prior to the completion of the tasks outlined herein and that the School District otherwise will work with the evaluator to provide reasonable access to the school, school building, school facility, personnel, or my child at mutually agreed upon times and in a manner that is least disruptive to the school setting or my child's academic program.

Parent/Guardian Signature

Date