

# Master Teacher Observation Registration & Parent Permission Form

STUDENTS ARE REQUIRED TO DO AT LEAST 2 OBSERVATIONS OUTSIDE OF THEIR PLACEMENT CLASSROOM (ONE IN OPPOSING CLASS AS PLACEMENT(ELEM OR MIDDLE) AND ONE IN A SPECIAL EDUCATION CLASSROOM.

CIRCLE – ELEMENTARY TCs – OCTOBER 25<sup>TH</sup> 2019 / MIDDLE SCHOOL TCs– NOVEMBER 6<sup>TH</sup> 2019

STUDENT Name: \_\_\_\_\_

Whose classroom are you planning to observe? \_\_\_\_\_

Please list the following information below for your job shadow experience:

SCHOOL \_\_\_\_\_

SCHOOL Phone: \_\_\_\_\_

MASTER TEACHER OBSERVATION Educator Name & Subject Matter(s)/Grade(s) taught:

\_\_\_\_\_

To participate in an observation, I agree to:

- 1) Schedule my job shadow for the required dates from 12:20pm(at the latest) to 2:20pm(at the earliest.)
- 2) Return the Registration/Parent Permission Form to Ms. Kiel by \_\_\_\_\_.
- 2)4) Return completed observation handouts to Ms. Kiel no later than \_\_\_\_\_.
- 7) Write a Thank You note to your host and turn it into Ms. Kiel by \_\_\_\_\_ and then make sure it is delivered to the observation teacher.

\_\_\_\_\_  
Signature of Student

I HAVE READ ALL INFORMATION REGARDING REQUIRED OBSERVATIONS. I UNDERSTAND THE CHIPPEWA VALLEY SCHOOLS ASSUMES NO RESPONSIBILITY FOR HEALTH, ACCIDENT OR TRANSPORTATION INSURANCE WHILE MY CHILD IS OUT OF SCHOOL FOR HIS/HER OBSERVATIONS. I AGREE TO PROVIDE (OR ARRANGE) TRANSPORTATION TO AND FROM THE OBSERVATION SITE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT MS. KIEL BY EMAIL [RKIEL@CVS.K12.MI.US](mailto:RKIEL@CVS.K12.MI.US) OR BY PHONE 586.723.2560.

\_\_\_\_\_  
Signature of Parent

I GIVE MY PERMISSION FOR MY CHILD TO ATTEND HIS/HER OBSERVATION ON THE REQUIRED DATE(S) AND TIME(S).

\_\_\_\_\_  
Signature of Parent