



Classroom Observation Guidelines and Forms

Creative Minds International (CMI) PCS values family involvement in schools. Family involvement contributes greatly to student achievement and conduct. CMI is committed to providing parents or their representatives who have professional expertise in the field of special education with reasonable access to their child's current and/or potential educational program.

During classroom observations, and other parent interactions with students and staff, student confidentiality and right to privacy shall be protected and respected at all times. Parents or their representatives (with written parent authorization) interested in observing their student's class or participating in a planned classroom activity should contact the teacher in advance to arrange a visit. Request for observations and written parent authorization must be received in advance by submitting a Classroom Observation Request Form (see attached).

While every effort will be made to accommodate the request, in the event that a specific date and time are not available, the request should include an alternative time and/or date.

Parents and other representatives are asked to sign-in with the main office of the school so that CMI staff can facilitate the visit. Parent(s) and/or their representative should be mindful that the teacher's role is to facilitate learning. Therefore, there should not be an expectation that the teacher will answer questions or engage in conversations that take him or her away from the students.

Observations should be minimized during the critical first few weeks of school when children are experiencing new routines and environments. The observation may not be scheduled during the administration of standardized testing or exams where a visit would be disruptive to the learning environment. In the interest of limiting disruptions, CMI asks that observations be limited to One (1) hour as CMI considers this to be a reasonable period of time to observe the student in one setting. An employee may accompany observers during the classroom observation.



All individuals who visit CMI for classroom observations are required to sign a Classroom Observation Confidentiality Agreement (see attached) to protect the rights of other students in the class.

Creative Minds International Public Charter School
Sherman Building
3700 North Capitol Street NW, Washington, D.C. 20011
t - 202-588-0370, f - 202-588-0263
www.creativemindspcs.org



Classroom Observation Request Form

The purpose of the classroom observation should be to collect information regarding your child's performance, current or proposed educational program, placement or services that can be used to assist in making decisions regarding your child's instructional program.

Please complete the following information and your child's teacher will contact you regarding the visit.

Student Name: _____

Parent/Guardian Name: _____

Date of Request: _____

Name, Title and Special Education Expertise of Observer:

Classroom(s) to be Observed: _____

Purpose of the Observation: _____

Requested time(s)/date(s) for observation: _____

Contact Information: _____

Person Requesting Observation Signature _____

Date: _____

Administrator Signature _____ Date: _____

Note: If there is a need for a follow-up discussion with the classroom teacher and/or program specialist, please schedule a separate time to discuss the observation.



Classroom Observation Confidentiality Agreement

I, _____, (Observer) have made a request or have been asked by _____ (Name of Requester) to observe a classroom or program at _____. (Location) As part of the observation I agree to abide by the following conditions:

1. I will make every effort not to disrupt the teaching and learning process or distract the students, teachers, or paraprofessionals during the observation. Unless otherwise specified by the teacher, any questions can be scheduled at a later date.
2. In order to accommodate potential visitors and to minimize disruption to the student's education environment, each observation will not exceed an hour unless authorized in advance by CMI.
3. During the observation, I will remain in the designated location, as directed and will turn off my mobile phone.
4. I will not take pictures, videos, or audio recording during the observation.
5. I acknowledge that I cannot disclose any identifying information regarding other students in the classroom, including a description of the student(s) observed, their education needs, and/or their performance during the observation.
6. I acknowledge that information related to a student's disability and individualized education program is highly confidential and protected by the Family Educational Rights and Privacy Act, and that I have no right to access such information without permission. I will maintain any information in strict confidence related to other students' disabilities, educational needs, and/or educational programs that I observe.
7. I understand that failure to abide by these procedures for classroom observation may result in revocation of my observation privileges.

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Signature of Observer: _____

Date: _____

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