



Classroom Observation Request

Please complete *Option 1* or *Option 2* at the top of this form, then complete the remainder of the form. Thank you.

Student's name: _____

Option 1: Request for Parent Observation

I wish to observe my child in the classroom at Elim.

Option 2: Authorization for Outside Observer

I hereby authorize

Name: _____

Agency/Organization: _____

Contact information: _____

- to observe and/or to evaluate my child, at Elim Christian School.

For either option, please complete from here to end of form.

Purpose of observation:

Preferred visit dates & times (please provide at least three options)

Length of time needed (please state reason if the observation is to be greater than 90 minutes):

Parent/guardian name (please print)

Parent/guardian signature/Date