***AUTHORIZATION FOR OBSERVATION***

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_

The bearer of this signed Authorization for Observation has my permission to observe my child in his/her school setting, including, but not limited to, the following: general education classroom, special education classroom, lunchroom, recess, hallways, seclusionary time out room, and sensory SEL room. The observer has authorization to contact the school, request an observation, and observe without parents present.

The observer understands that all students have FERPA rights to privacy. The observation will record Student’s interactions with others by describing the appearance (ie: gender, clothing, and hair style) of the other children, rather than using individual first or last names. The observer may converse with my child but will not purposefully approach other children. The observer’s notes are confidential and will not be shared.

The observer would appreciate the opportunity to speak briefly with teachers, paraprofessionals, or other staff who interact with my child.

The preferred duration of the observation is 60 – 90 minutes.

I understand that this consent may be revoked at any time. In any event, if not previously revoked, this consent will expire two (2) years from the signature date.

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_