



FIELD OBSERVATION REQUEST FORM

Lisa.Steele@gccisd.net

Office: 281.707.3898 ♦ Fax: 281.420.4310

Process for Approval to Observe in Goose Creek CISD:

1. Complete the following documentation and return via email to Lisa Steele, lisa.steele@gccisd.net, Director of Talent Acquisition & Development.
2. Complete “online” Volunteer Online/Criminal History Check at www.gccisd.net, under the “Student & Parents” header. Notify our Substitute Secretary at 281-707-3768 if you have any questions.
3. Complete/Submit Request for Field Observation Form and Guidelines (2 pages).
4. Submit University or Alternative Certification Program (ACP) program requirements.

Observation Guidelines

5. It may take up to 10 business days for your request to complete observation hours to be processed.
6. All observers must also fill out the Criminal Background Check online at www.gccisd.net. The background check may take up to a week to process. For the safety and security of our students and staff, you will be notified when you are cleared to observe. You will not be able to conduct any classroom observations until you have been cleared to do so.
7. Once approved as a volunteer, contact the individual campus(es) to schedule observations. Please provide the campus granting permission with your driver’s license to run through the RAPTOR for a background check and obtain a visitor’s badge.
8. You must bring the Request for Field Observation Form with you to each campus after being approved by Human Resources.
9. Remember that all information concerning students is confidential.
10. You may not observe in your child’s classroom.
11. Please respect the campus making the decisions of which classrooms and teachers you will be assigned to observe.
12. The campus administrator has the authority to deny or discontinue requests for observation hours.
13. Approved observation time frames must be approved annually.
14. Be respectful of the campus’ ultimate purpose, educating the students that attend the campus and serving the needs of those families. Assisting with observations is not a focus to their main goal. Please be courteous to the campus assisting you.
15. Be mindful that it is in your best interest to observe in multiple districts to provide you with a better spectrum of experiences.
16. Please be advised that visits to individual classrooms during instructional time shall be permitted only with the principal’s and teacher’s approval and such visits shall not be permitted if their duration or frequency interferes with the delivery of the instruction or disrupts the normal school environment.
17. Students’ names and education records are confidential under the Texas Education Code and the Family Education Rights and Privacy Act (FERPA). If accepted as a classroom observer, you agree to abide by these laws and maintain the confidentiality of this information.
18. Requests for videotaping will not be permitted.
19. Comply with GCCISD Dress Code and Code of Ethics.

My signature indicates that I have read the procedures and instructions for Goose Creek CISD observations. I understand and will comply with these guidelines. I understand that it is not a requirement of GCCISD to allow me to observe on any campus. I will provide all the requested documentation and information before I am given any further direction on the process of observing on the campuses. I will respect the confidentiality of the students, teachers, and campus during my time of observation.

Signature of Requestee

Date of Request



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Observation Type: _____ Project _____ Intern I _____ ACP Pre-Service _____ Other

Observer's Profile

Name: _____ DOB: _____ Date: _____

Address: _____ City: _____

Phone: _____ Email: _____

1. Have you filed an application with GCCISD? ___ yes ___ no
2. Have you worked for GCCISD in any capacity? ___ yes ___ no
 - a. What capacity? _____
3. Do you have any relatives working for GCCISD? ___ yes ___ no
 - a. Locations: _____
4. Do you have children attending GCCISD schools? ___ yes ___ No
 - a. Locations: _____

Observation Request

University: _____

Program Supervisor: _____ Phone: _____ Email: _____

Briefly Describe & Attach Program Requirements: _____

I am required to observe _____ hours in the classroom and am requesting to complete _____ hours of observations in GCCISD.

Requested Start Date: _____ Anticipated End Date: _____

I am requesting to observe the following hours at each of the below grade levels:

_____ Elementary (PK-5) (School)	_____ (Subject)
_____ Middle School (6-8) (School)	_____ (Subject)
_____ High School (9-12) (School)	_____ (Subject)

Agreement

1. I agree to abide by the safety rules of the District while observing on campus. ___ yes ___ no
2. I agree to protect the confidentiality of the students, teachers, and campus while observing in GCCISD? ___ yes ___ no
3. I agree to follow the GCCISD Dress Code: ___ yes ___ no.
4. I agree to comply with the Observation Guidelines: ___ yes ___ no.
5. I agree to follow all safe return to school guidelines posted on district website: ___ yes ___ no.

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Signature of Requestee

Date of Request

Approval

You have been approved to observe at a GCCISD campus. Please contact the campus principal to arrange your observations.

Signature of Director of Talent Acquisition & Development

Date

