



REQUEST FOR FIELD OBSERVATION

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

Observer's Profile

Name: _____ 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
What capacity? _____
3. Do you have any relatives working for GCCISD? yes no
Locations: _____
4. Do you have children attending GCCISD schools? yes no
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

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

Approval

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

Signature of Human Resources Department

Date

For Internal Use Only	
GC Personnel Notified _____	Assignment: _____
Director _____ Principal _____	Campus: _____
Criminal History Cleared _____	Mentor/Supervisor: _____
_____	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
Director of Human Resources _____	Date _____