

**AUBURN PUBLIC SCHOOLS  
REQUEST FOR PRE-PRACTICUM CLASSROOM OBSERVATION**

An important part of the coursework required in preparation for a career in education often includes classroom observation times. Our school district is committed to facilitating successful field experiences for college students preparing for teaching certification. All classroom observation arrangements must be approved by the principal, and scheduled in cooperation with the teacher.

Applicant's Name: \_\_\_\_\_ Course: \_\_\_\_\_

Address: \_\_\_\_\_ Professor: \_\_\_\_\_

\_\_\_\_\_ Observation Hours Requested: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_  
(please attach a copy of course syllabus)

Comments:

Details of Requested Observation: Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

Preferred Schedule (note time in boxes):

Monday	Tuesday	Wednesday	Thursday	Friday

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Schedule if different from above: \_\_\_\_\_

*I understand that the privilege of conducting classroom observations may be revoked at anytime without prior notice or cause.*

Student Teacher: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Cooperating Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_