**Observations by Parents, Guardians and Educational Advocates**

In accordance with DC law, ITDS permits parents, guardians or a designee with professional expertise in the area of special education (not including lawyers representing parents or anyone with a financial interest in litigation) to observe the child’s current or special education program. No conditions or restrictions on the observation may be imposed except those necessary to:

- Ensure the safety of the children in the program
- Protect other children from disclosure of personally identifiable information
- Avoid any potential disruption arising from multiple observations occurring in a classroom simultaneously

To protect the confidentiality of all students, no recordings of any kind can be made, no telephone or electronic device can be utilized during the observation, and the observer cannot interact with teachers or students, including the student being observed. An observer who violates these policies may be asked to leave.

Observations must be scheduled in advance. To schedule an observation date, please complete the attached form and return to the student’s division principal and to Samantha Lincoln, Special Education & 504 Manager at **Samantha.Lincoln@inspiredteachingschool.org**. For any questions, please contact Ms. Lincoln or your division Principal.
Observations by Parents, Guardians and Educational Advocates
Request to Schedule an Observation

Student Name: ____________________________  Student Grade: ____________________________

Your Name: ____________________________  Relationship to Student: ____________________________

Name of Observer: ____________________________  Agency/Organization (if applicable): ____________________________

The observer is a: □ Parent  □ Guardian  □ Designee with professional expertise*

*Specify professional expertise in the area of special education: ____________________________
________________________________________________
____________________________________________________________________________

Reason for observation: ____________________________
________________________________________________
____________________________________________________________________________

Requested date and time (please provide two to three options):
___________________  _____________________  _____________________

I understand that no recordings of any kind can be made, no telephone or electronic device can be utilized during the observation, and the observer cannot interact with teachers or students, including the student being observed. An observer who violates these policies may be asked to leave.  ______________ Parent Initials

I understand that an observer, including a parent/guardian, who inappropriately interacts with teachers or students, or is disruptive to the community, will not be allowed to conduct future observations.  ______________ Parent Initials

If someone other than the parent/legal guardian is conducting the observation:
I give my consent for the above-named individual to observe my child in his/her educational program.  ______________ Parent Initials