



Weatherford Independent School District

Campus Observation Request Form for Education Students

Student Name: _____
Last First M.I.

Address: _____
Street City Zip

Phone Number: _____

Signature: _____ **Date** _____

I am currently a student participating in a teacher education program through:

_____ a college or university (give name) _____

or

_____ an alternative certification program (give name) _____

I am requesting to do classroom observations on the following district campuses:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

All observations will be completed by (give a completion date): _____

For HR Dept. Use

- ___ Criminal History approved
- ___ Copy of Driver's License attached
- ___ Campus Secretary notified
- ___ Approval Letter issued

Signature of HR Personnel

Date