OLD BRIDGE CLASSROOM OBSERVATION AGREEMENT & APPROVAL

One of the most important functions of the Old Bridge Township Board of Education is the governance of the district through policies which provide a thorough and efficient education for its pupils. Therefore, the Board has established a careful process to ensure the development of clear, workable, legal policies that reflect mature consideration of the will and needs of the community. Those policies are on the district’s website. Please visit the Board of Education Policy on the District’s website at https://www.oldbridgeadmin.org to view the following policies and regulations.

Name of Visitor: (please print) __________________________ Date: ____________________

Reason for Visit: ________________________________________________________________
______________________________________________________________________________

Visitor Phone Number: (please print) ______________________________________________

Visitor E-mail: (please print) ______________________________________________________

Name of the Student being observed: (please print) _________________________________

School Name: _________________________________________________________________

Please indicate that you have read, understand and agree to following policies:

Policy 9241: Request for Classroom Observations
I have received, read, & agree to follow the regulations of Policy 9241.

Signature of Visitor: ___________________________________________________________

If the student is being observed by someone other than a parent or guardian, the following section must be completed.

PARENT CONSENT:
I __________________________________________ (print name) give my consent for __________________________________________(Visitor name) to observe my son/daughter __________________________(print child’s name) in __________________________school. I have read and understand that the visitor must abide by the regulations of Old Bridge Board of Education Policy 9241, Request for Classroom Observation. Failure to follow through with these regulations will result in immediate discontinuation of the observation.

Signature of Parent/Guardian: __________________________________________ Date: ____________

For District Office Only
Date of Receipt of Policy Agreement: ______________________________________________

Administrative Approval: __________________________ Date: _________________________

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