



Observer's Planning Guide

Date: _____

Team members present during observation:

Student's Name:	
Observer's Name:	
Staff Member Completing Form:	

Has parent/guardian provided written consent for the observation(s)? ☐ Yes ☐ No

*Observations should only occur if the parent/guardian is aware of the observation and its purpose.
→ Attach written consent to this document*

Have the parent/guardian of other students receiving special education services who will be present during the observation(s) provided written notification of the observation(s)?

☐ Yes Date: _____ ☐ No

Observations should only occur if the parent/guardian is aware of the observation and its purpose.

Grade:	
Special Education Case Manager:	
Classroom Teacher:	
Speech & Language Pathologist:	
Occupational Therapist:	
Physical Therapist:	
Social Worker:	
School Psychologist:	
Paraeducator:	
Other Team Members:	
Other Team Members:	



1. What is the purpose of the observation? What information or questions does the observer wish to find answers to through the observation?

2. Number of observations:	
3. Setting(s):	
4. Accompanied Staff Member:	
5. Observation date(s) and time frame:	
6. Follow up meeting date/time with team:	

When observing in any setting within the Clinton Public Schools, I will maintain the confidentiality of all students and staff.

No personally identifying information related to any student, or any student's family, will be shared at any time. I understand that any failure to abide by the terms of confidentiality may result in the termination of any future observations.

Print Name of Observer

Signature of Observer

Administrator Signature

Date

Copy to:

- | | |
|---|---|
| <input type="checkbox"/> Principal | <input type="checkbox"/> Director of Special Services |
| <input type="checkbox"/> C File if applicable | <input type="checkbox"/> B File if applicable |