

October 10, 2024

Dear Parents,

The Observation Request form is attached. This opportunity that you have, to come to school and observe your child is invaluable. We recommend that you observe your child several times during the year. The teachers will honor your requests for dates whenever possible. Please check your calendar prior to scheduling your observation. If the date you have requested is not available, the teachers will assign you an alternate date. **These slips must be used when you wish to observe.**

When you come to observe your child in his/her environment, please do not bring a recording device or camera of any kind to the observation room. The purpose of the observation is to see your child in the environment and to observe his/her concentration and work. We must respect each family's right to privacy. Siblings and/or babies are not allowed in the observation rooms. Space is limited in these rooms: therefore, we need to limit it to parents. Please do not tell your child that you will be coming to observe. This is an opportunity for you to observe your child as he/she naturally works, and it could be disruptive if they know you are here. The observation times are from 9:30 – 10:30 for the morning session and 12:30 – 1:30 for four- and five-year-old children in the afternoon session. Thank you for your cooperation.

There are no observation rooms in the Kindergarten or the Full Four classrooms. If you are the parent of a Kindergarten or Full Four student, you will continue to observe in your child's "wing" downstairs.

Observation will take place on WEDNESDAYS and THURSDAYS beginning November 6th through November 21st.

There will be no observation scheduled during the month of December as the children will be practicing for their Christmas shows.

We will resume observation on WEDNESDAYS from January 8th through March 26th.

Sincerely,

Sister Kelly Quinn

OBSERVATION REQUEST

Parent's Name_	
Date Requested:	
	Confirmed
	Alternate Date
	Teacher's Signature
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Parent's Name_	
Date Requested:	
	Confirmed
	Alternate Date
	Teacher's Signature
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Date Requested:	
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	Alternate Date
	Teacher's Signature
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Parent's Name:	
Date Requested	
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