

RITCHIE COUNTY SCHOOLS



OBSERVATION PERMISSION FORM

Form must be completed two weeks prior to the starting in schools

OBSERVERS NAME: _____ Phone: _____ Email: _____

_____ I have had a criminal back ground check with in the last 30 days. (documentation attached)

_____ Prior to observation I am aware I must have Criminal Background check at my expense.

COLLEGE/PROGRAM: _____

Must attach documentation from Program

Instructor Name: _____ Phone: _____

OBSERVATION HOURS:

Number of Hours to observe: _____

Anticipated Start Date: _____

Anticipated Completion Date: _____

Programmatic Level: _____

Subject: _____

PRINCIPAL

PRINCIPALS NAME: _____ Date: _____

SCHOOL: _____

Teacher Assigned by the Principal: _____

PERMISSION TO OBSERVE *Approved or Denied*

Director of Personnel: _____ Date: _____

Approved

Denied

Reason:

Please complete form email to AHaught@k12.wv.us