

**ARGYLE INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR EXTENDED CLASSROOM OBSERVATION
FAX (940) 464-7297**

Please complete the form requesting classroom observation privileges. After the criminal history background check has been completed, the District Personnel Department will make provisions for your observation visits, and you will be notified.

Name: _____ Email: _____

Phone: (_____) _____

Please list University, Service Center or organization requiring observation hours: _____

Request classroom observation in: Elementary (K-4): _____ Intermediate (5-6): _____
Middle School (7-8): _____ High School (9-12): _____
Grades: _____

Please list curriculum areas preferred _____

I am requesting _____ hours, _____ weeks or _____ semesters of classroom observations.

University & Supervisor or program affiliate: _____

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ADDENDUM TO APPLICATION / CONFIDENTIAL**

All classroom observers for pre-student teaching, student teaching or alternative certification must have an Application and Background Security Check on file before observing.

These records must be updated periodically. Please complete and return the information below (even if you have completed one in the past).

The Argyle ISD obtains a criminal history record on everyone who requests to do a series of classroom observations, pre-student teaching or student teaching. The information requested below is necessary to obtain criminal history information.

Full Name: _____
(Print) Last First Middle

Address: _____ City: _____ Zip: _____

Driver's License: _____ State: _____

SS#: _____ DOB: _____ Male: _____ Female: _____

Ethnicity: White (not of Hispanic origin) _____ Hispanic _____ Asian or Pacific Islander _____
Black (not of Hispanic origin) _____ American Indian _____

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for classroom observations, but will be used solely for the purpose of obtaining criminal history record information.

Signature: _____ Date: _____

For Office Use Only

DPS check completed on: _____ By: _____