



STATE OF HAWAII  
DEPARTMENT OF EDUCATION

REQUEST FOR OBSERVATION  
(PARENT OR PARENT DESIGNEE)

Date: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

FROM: the Parent(s)/Guardian(s) of \_\_\_\_\_  
Name of Student

TO: \_\_\_\_\_  
Principal

\_\_\_\_\_  
School

**Please sign and return this document.**

I understand the observation is for the sole purpose specified below and limited to my child. Information from the observation is to be used only for the intended purpose and limited to my child. I also understand that the observation must not interfere with instruction or disrupt the classroom.

\_\_\_\_\_  
Print Parent(s)/Guardian(s) Name

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

**NOTIFICATION OF OBSERVATION**

**PURPOSE:**

Educational Planning  
Educational Progress Monitoring

NAME OF OBSERVER: Brian Hill, Hawaii Education Advocates

If observer is not the parent(s)/guardian(s), complete below.

I grant permission to the Hawaii Department of Education for the above named individual to observe my child at \_\_\_\_\_  
Name of School

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

FOR AGENCY USE ONLY: Date of receipt of signed parent(s)/guardian(s) request: \_\_\_\_\_

Received by: \_\_\_\_\_  
Name of School

\_\_\_\_\_  
Initials