

STATE OF HAWAII DEPARTMENT OF EDUCATION

REQUEST FOR OBSERVATION (PARENT OR PARENT DESIGNEE)

| 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 | Date: | Student's Date of Birth: | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|------------------------|
| Name of Student 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: Printing Planning Educational Planning Characteristics Advantages Montaining If observer is not the parent(s)/guardian(s), complete below. Igrant permission to the Hawaii Department of Education for the above named individual to observe my child at | | | | |
| 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: Education Progress Monitoring MAME OF OBSERVER: Etian Hill, Havail Education Adrocations Feducations Principal Educations Principal Education of the parent(s)/guardian(s), complete below. Igrant permission to the Hawati Department of Education for the above named individual to observe my child at | FROM: the Parent(s)/Guardian(s) of | | | |
| Principal School 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: Charatter Parent (s)/Guardian(s), complete below. If observer is not the parent(s)/guardian(s), complete below. It grant permission to the Hawaii Department of Education for the above named individual to observe my child at Name of School Parent Name Parent Name Parent(s)/Guardian(s) Signature Date Parent Name Parent Name Parent(s)/Guardian(s) Signature Parent (s)/Guardian(s) request: | | N | lame of Student | |
| School | TO: | | | |
| 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 Planning Educational Planning Educational Planning Education of 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: | | Principal | | |
| 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: Education Renating Education Progress Monacong 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 | Please sign and return this document. | School | | |
| NAME OF OBSERVER: Educational Progress Monitoring Brian Hill, Hewall Education Advocates If observer is not the parent(s)/guardian(s), complete below. It 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: | I understand the observation is for the sole the observation is to be used only for the int | tended purpos | se and limited to my child. | TEC |
| 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. If grant permission to the Hawaii Department of Education for the above named individual to observe my child at | Print Parent(s)/Guardian(s) Name | Parent(s)/Gua | ardian(s) Signature | Date |
| 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. If grant permission to the Hawaii Department of Education for the above named individual to observe my child at | NOTIFICATION OF OBSERVATION | | | |
| NAME OF OBSERVER: Brisin Hill. Hawell 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 | PURPOSE: | | | |
| NAME OF OBSERVER: Brisin Hill. Hawell 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 | Educational Planning | | | |
| 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 | Educational Progress information by | | | |
| 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 | | | | |
| 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 | | | | |
| 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 | | | | |
| 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 | | | | |
| 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 | | | | |
| 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 FOR AGENCY USE ONLY: Date of receipt of signed parent(s)/guardian(s) request: Received by: | NAME OF OBSERVER: Brian Hill, Hawaii Education Advocate | ites | | |
| Name of School Print Parent Name Parent(s)/Guardian(s) Signature POR AGENCY USE ONLY: Date of receipt of signed parent(s)/guardian(s) request: Received by: | | n a wo | | |
| Print Parent Name Parent(s)/Guardian(s) Signature Parent(s)/Guardian(s) Signature Parent(s)/Guardian(s) request: FOR AGENCY USE ONLY: Date of receipt of signed parent(s)/guardian(s) request: Received by: | I grant permission to the Hawaii Department | of Education | for the above named ind | lividual to observe my |
| Print Parent Name Parent(s)/Guardian(s) Signature FOR AGENCY USE ONLY: Date of receipt of signed parent(s)/guardian(s) request: Received by: | child at | | | |
| FOR AGENCY USE ONLY: Date of receipt of signed parent(s)/guardian(s) request: Received by: | | Name of School | | |
| Received by: | Print Parent Name Parent(s)/Guardia | an(s) Signature | | Cale |
| | FOR AGENCY USE ONLY: Date of receipt of signed pa | rent(s)/guardian(s | s) request: | |
| | | V. | | |
| | Name of School | | | Initials |