

4010-4020 Mathematics for Elementary Teachers

Classroom Visit Permission Slip Due back _____

I agree that _____ may visit my classroom for three hours of
(Student's name)

observation and three hours of teaching a few pupils from my class.

Teacher's signature: _____ Print teacher name: _____

email: _____ date _____

Principal's signature: _____

School: _____ district _____

Dates and topics of observations

Date			
Topic			

Dates you plan to work with a child: _____

Topic planned for teaching during the next three sessions: _____

Grade level of student _____ Number of students: _____