Classroom Visit Permission Slip Due back ______________

I agree that ________________________ may visit my classroom for three hours of
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

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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Dates you plan to work with a child: __________ __________ __________

Topic planned for teaching during the next three sessions: _______________

Grade level of student ______ Number of students: _______________