Seacoast Center for Education

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Observation Cover Sheet

To be used as a cover sheet for your written description when doing your observations in other schools.

STUDENT NAME: _____

DATE OF OBSERVATION: _____
How many classes have you observed previously this year? _____

SITE INFORMATION:

School Name: _____

City, State: _____

School Telephone: _____

Head of School: _____ Total number of children in school: _____

Number of classes at each level: _____ Infant and Toddler
_____ 3-6
_____ 6-9
_____ 9-12
_____ Middle School

CLASSROOM INFORMATION:

Age range observed ____ 6-9
____ 9-12
____ Other (provide a rationale for this as an observation site)

Total number of Children in Class: _____ number of girls: _____ number of boys _____

Age span: _____ three year
_____ two year _____ Other (provide a rationale for this as an observation site)

Age of youngest child _____ Age of oldest child _____

VERIFICATION:
Please ask the Head Teacher or Head of School to sign verification of your visit.

Signature of Teacher or Head: _____