# **Request for Observation Form**

# **-Preschool Practicum Placements-**

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| Name: |  | Observation date: |  |

*Directions: Complete this and send to your university supervisor at least 24 hours prior to the pre-observation meeting.*

1. Requested time of observation:

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1. Schedule on day of observation:

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1. Provide a short description of your role in each of the above activities. Attach lesson plans for the activities for which you have primary responsibility.

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1. How have you considered the children’s IEP goals during the time you will be observed? (i.e., What IEP goals will you be focusing on? How is the child currently functioning on those goals?)

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1. What professional skills would you like the observation to focus on (e.g., what items from the contract checklist are your focus)?

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1. What type of data and feedback do you want (related to item 5)?

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