



STATE OF HAWAII
DEPARTMENT OF EDUCATION
Koko Head Elementary School
189 Lunalilo Home Road
Honolulu, Hawaii 96825
Ph. (808) 397-5811, Fax (808) 397-5816

School Visitation and Classroom Observation Protocol
(Effective 8/2011, Rev. 7/2013)

Welcome to Koko Head Elementary School. Throughout the course of the school year we often field requests from parents, advocates, and private providers to visit our school and to observe classrooms. In an effort to minimize disruption to instruction and student learning and in order to facilitate a productive and enjoyable visit, we ask for your understanding and cooperation in following these guidelines.

- Visitors shall provide the Principal with notice to visit the school at least five school days in advance of desired visitation date. Visitors shall inform the Principal of the purpose of the visit using the "Request for Observation" Form that is on the other side of this page.
- Visitors need to sign-in at the main office and wear a visitor's badge.
- There will be a host to escort you throughout the duration of the visit.
- Videotaping, picture-taking, or electronic recording is not permitted without written permission from the Principal.
- At no time should the observation interfere with instruction or unduly disrupt the classroom.
- Visitor(s) shall remain in the area designated by the classroom teacher or host throughout the visit.
- When visiting a classroom, we ask that you refrain from interacting with students and adults so as to minimize disruptions to student learning and classroom instruction and so as to comply with the Federal Education Rights and Privacy Act (FERPA).
- Please refrain from approaching the teacher to ask questions to minimize disruption to instruction and student learning.
- This visitation shall be no more than 30 minutes unless otherwise approved by the Principal.
- The Principal reserves the authority to deny requests to individuals if the Principal believes the FERPA may be compromised.
- The observation may be terminated immediately if it appears that the observer is distressing a student(s) or disrupting the routine(s) or activity(ies).

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey Shitaoka".

Jeffrey Shitaoka
Principal



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DEPARTMENT OF EDUCATION

REQUEST FOR OBSERVATION
(PARENT OR PARENT DESIGNEE)

Date: _____

Student's Date of Birth: _____

FROM: the Parent(s)/Guardian(s) of _____
Name of Student

TO: _____
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:

NAME OF OBSERVER: _____

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

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: _____
Name of School

Initials