**PLEASE POST IN ALL BUILDINGS OR CLASSES OPERATED BY INTERMEDIATE UNIT I**

BE HEREBY INFORMED, that, at the regularly scheduled Intermediate Unit 1 Board of Directors meeting, held at the Intermediate Unit I Central Office, California, Pennsylvania, on March 27, 1975, the following Board Policy was adopted and will become effective as of April 1, 1975:

Outside Agencies or Individuals must follow the following procedures in visiting classes and/or programs under the direction of the Intermediate Unit 1:

 (a) Request written permission on the properly designated form from the Intermediate Unit supervisor or director of the particular class and present properly signed form to the classroom teacher upon entering the room or classroom area. A visitation and/or observation shall not be permitted without the properly signed request form. The teacher of the class is to be notified by the supervisor of the visitation or observation at least the day before the visitation.

 (b) State the purpose of the visitation to the supervisor/director when requesting permission. The purpose of the visitation will be listed on the request form signed by the supervisor/director.

 (c) Following the visitation and/or observation, any criticism or evaluation of the teacher and/or Intermediate Unit I concerning the methodology utilized by the teacher shall be reviewed with the supervisor/director of the program and with the teacher present. In no case shall criticism be given of the teacher in the presence of the student and parent or other individuals.

 (d) No information, pictures or publicity concerning children enrolled in Intermediate Unit programs shall be given by visitors to other individuals and/or agencies.

Visitation forms may be obtained by calling the Intermediate Unit 1 Central Office, (724) 938-3241. Visitation requests are to be directed to the proper supervisor/director of the program or class involved.

 Donald W. Martin

 Executive Director

 Intermediate Unit 1

# INTERMEDIATE UNIT 1

**REQUEST FOR CLASSROOM VISITATION**

Name of individual

I am visiting the classroom as a (circle one) Parent College Student Agency Representative

Name of college you are attending or agency you are representing:

If you are visiting the classroom as an agency representative, please list the agency’s address and phone number below. Other visitors please list your current address and phone number.

Address Phone

Location of Class to be Visited

Classroom Teacher

Reason for Visitation

Student Being Serviced

Visitation Date Requested Alternate Date

Allow sufficient time for at least one day prior notification of the visitation to the classroom teacher. Present approved form to the classroom teacher on the day of visitation. Report to the Principal or Head Teacher before going to the classroom.

I have read and fully understand the Intermediate Unit 1 Board Policy regarding visitations and/or observations and hereby agree to comply with all provisions as stated in the policy.

Signature Date

For office use only:

Approved/Rejected:

(cross out one) Signature of Supervisor/Director Date

 Title

Reason for Rejection: