

(F045-a)
Lake Superior State University
Focused Observation Request Form

Student Teacher Name _____

Mentor Teacher Name _____

Dear Colleague:

I have a student teacher this semester and would like him/her to visit your classroom. Could he/she visit you on the requested day? Please initial and return. Thank you!!

Name	Date	Circle YES or NO	TIME	INITIAL
1.		YES/NO		
2.		YES/NO		
3.		YES/NO		
4.		YES/NO		
5.		YES/NO		
6.		YES/NO		

Suggestions for observations:

- 1. A teacher in the same grade or content area**
- 2. A teacher in a different grade or content area (traditional or multi-age)**
- 3. A specialist or vocational teacher (Art, P.E., Music, etc.)**
- 4. A special education teacher**
- 5. Other**