**Observation Request Form**

Arlington Heights School District 25

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| **Student Information** | | | |
| Student Name: |  | Phone Number: |  |
| Email Address: |  | College/University: |  |
| **Observation Request Details** | | | |
| Preferred grade (EC, Elem. K-5, Middle School 6-8): | |  | |
| Type of setting (Special Ed, Elementary, Math, etc.): | |  | |
| Special Requests (school, teacher, etc.): | |  | |
| Date the assignment is due: | |  | |
| Number of hours needed: | |  | |

Once we receive this completed form, we will look for a teacher to work with you. If we are able to secure a placement, we will contact you and give you the teacher’s name and contact information. Then you will be able to contact the teacher to arrange mutually convenient hours to observe in the classroom.

We try our best to accommodate all of the requests we receive, but due to the high volume we are not always able to honor everyone’s request. We will contact you within 15 days of receipt of this form if we can or cannot find placement for you.

This completed form can be emailed to Kasia Kosinska at [kkosinska@sd25.org.](mailto:kkosinska@sd25.org) Please feel free to contact me by phone or email with any questions you may have.

Kasia Kosinska

Administrative Assistant for Personnel and Planning

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Email: [kkosinska@sd25.org](mailto:kkosinska@sd25.org)