

**LOCKPORT TOWNSHIP HIGH SCHOOL  
DISTRICT 205  
PERSONNEL OFFICE**

District Office  
1323 E. 7<sup>th</sup> Street, Lockport, IL 60441  
Phone: 815-588-8103 Fax: 815-588-8109

### **Procedures for Student Observation**

- Allow at least two weeks when requesting an observation time.
- Fill out the Observation Request Form.
- Submit the Observation Request Form either in person or fax to the Personnel Office located in the District Building.
- Please make sure to fill out the form completely, including your contact information, the amount of observation hours needed, content area (math, science, social studies – be course specific if necessary), and university supervisor contact information.
- Include a letter of introduction from your educational program that both identifies the program and describes the observation or field experience requirement.

### **Guidelines for Student Observations**

- A valid picture ID is necessary when checking into the building.
- Please come dressed professionally for all observations.
- Please be respectful to all students and staff during an observation.
- All information regarding student observations must remain confidential.
- Please be punctual on the day of your observation appointment.
- In case of illness, emergency, cancellation, or if you have any questions please contact the LTHS faculty member with whom you will be working.
- Please check in with the visitor desk at either Lockport Central or Lockport East and proceed to the main office on the day of the observation.

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Observation Request Form  
1323 E. 7<sup>th</sup> Street, Lockport, IL 60441  
Phone: 815-588-8103 Fax: 815-588-8109

In order to facilitate your observation request at Lockport Township High School, please complete this form. The form must be turned into or faxed to the district office no later than two weeks prior to your observation request dates. *Please include a letter of introduction from your educational program that both identifies the program and describes the observation or field experience requirement.*

Student Information (please complete)

Name:	College/University:
Phone:	Year in school: Fr, Soph, Jr, Sr
Email:	Major:
Number of hours requested:	Content Area:
Preferred dates of request:	Current Course (for which you need observation hours):

University Supervisor/Contact Information (please complete)

Name:	Signature:
Phone:	Email:

I understand that in completing this form, I am requesting observation hours at Lockport Township High School. I am also giving permission for Lockport Township High School to contact my university supervisor to verify my current status and coursework. I understand that completion of this form does not guarantee the approval of my request.

Signature:	Date:
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District Personnel: (for office use only)

Date request received:	Date request approved:
Department placement:	LTHS faculty supervisor:
Dates of observation:	LTHS faculty phone:
Total approved hours:	LTHS faculty email:
Department chair:	Assistant Superintendent of Personnel: