



To Whom It May Concern:

The College of Education requires all students entering teacher certification programs to complete a series of classroom observations pertinent to their selected area of study. Such experiences are required for formal admission to advanced stages of the teacher certification programs. On behalf of the Department of Special Education, I wish to thank you for providing our students with an opportunity to fulfill this requirement.

Students have been directed to focus attention on three areas:

1. The Teacher – content instruction, methods and materials used, classroom management techniques, etc.
2. The Student – type and severity of the group, individual academic and behavioral characteristics, etc.
3. The Room – physical arrangement, availability of specialized instruction equipment, use of learning centers, study zones, etc.

Feel free to involve the student in classroom activities if you feel such involvement is appropriate. “Hands on” experience serves to enhance their understanding of the educational process more effectively than passive observation. Following the student’s observational session/s with you, please complete the attached form so the student can be credited with the experience. The student will return the form to our office for processing.

Thank you for allowing our student into your classroom. If you have any questions or concerns, please feel free to call me at 610/683-4290.

Sincerely,

Debra K. Lynch, Ph.D.
Chair, Special Education

DKL/cib
Attachment

Admission to Teacher Certification Program Observation Form
College of Education, Department of Special Education

Observer's Name _____ Major _____

To be completed by the Teacher

1. Name and address of your school or facility:

2. Description of your program or classroom:

3. Check the **one** category which best describes the type of **classroom** observed:

<input type="checkbox"/> Learning Support (primarily LD/ADHD)	<input type="checkbox"/> Physical Support (PD)
<input type="checkbox"/> Learning Support (primarily MR)	<input type="checkbox"/> Autistic Support (BD)
<input type="checkbox"/> Lifeskills Support (MR)	<input type="checkbox"/> Sensory Support (Blind/ Visually Impaired)
<input type="checkbox"/> Multiple Disabilities Support (MR)	<input type="checkbox"/> General Education
<input type="checkbox"/> Emotional Support (BD)	

4. Check the category which best describes the degree of severity of the **students**:

<input type="checkbox"/> Non-disabled	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
---------------------------------------	-------------------------------	-----------------------------------	---------------------------------

5. Check the category which best describes the age level of the **students**:

<input type="checkbox"/> Elementary (includes pre-school age)
<input type="checkbox"/> Middle School
<input type="checkbox"/> Secondary (includes adults)

6. Time spent on observation (in hours): _____ (Minimum 6 hours per observation)

7. Comments:

Signature

Date

