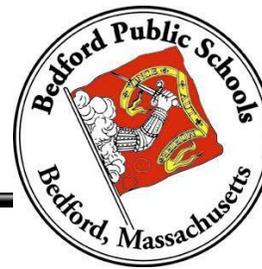


BEDFORD PUBLIC SCHOOLS

Marianne N. Vines
Director of Special Education



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Request for Parent/Guardian Observation

I, _____, the parent and/or legal guardian of _____, request that I be permitted to observe my child in his/her current education program and/or the educational placement that has been proposed by my child's IEP Team. I understand and acknowledge that, due to my presence in the classroom/program, I may be exposed to private, confidential, and or personally identifiable information pertaining to other children within the classes/program to be observed. I further understand and agree that approval of my request to observe my child in his/her program is contingent upon my agreement not to disclose to any third party any confidential, private, or personally identifying information pertaining to any other student obtained during my observation for my child in his/her program or during my observation of a program/placement that has been recommended by my child's IEP Team.

Parent/Guardian Signature

Date