

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

District Office
1323 East Seventh Street, Lockport, IL 60441
Phone: 815.588.8104 Fax: 815.588.8109

Procedures for Student Observations

- Allow at least three weeks when requesting 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
 - Be sure to fill out all required sections of the form completely
- Include a letter of introduction from your educational program that both identifies the program and describes the observation or field experience requirement
- Contact Personnel Office to set up Criminal History Background Check
- Cost of Background Check is **\$28.25- cash or check**

Guidelines for Student Observations

- Please check in with the Security Office at East Campus or the Visitor Desk at Central Campus and proceed to the main office on the day of the observation
 - A valid picture ID is necessary when checking in at the school building
- Please be punctual on the day of your observation appointment and 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
- In case of illness, emergency, cancellation, or if you have any questions, please contact the LTHS faculty member with whom you will be working

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

Student Information (Required)

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

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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University Supervisor/Contact Information (Required)

Name:	Signature:
Phone:	Email:

District Personnel: (for office use only)

Date request approved:	Department placement:
Department Chair:	LTHS Faculty Supervisor:
Dates of observation:	Total hours approved:
All supporting documents completed on:	Background Check status received on: