



# SOUTH EASTERN SPECIAL EDUCATION

*Serving Clay, Crawford, Jasper, Lawrence, and Richland Counties*  
**JILL KELLER - WEEMS, DIRECTOR**

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## REQUEST TO VISIT

This form must be completed by the classroom teacher for each person requesting to visit their SESE classroom. Please fax or mail this form to the classroom supervisor at least 24 hours prior to the requested visit.

**PLEASE LIMIT VISITATION TIME TO 50 MINUTES, AS PER BOARD POLICY**

Date \_\_\_\_\_

Name of student to be visited \_\_\_\_\_

Class \_\_\_\_\_ School \_\_\_\_\_

Name of person requesting visit \_\_\_\_\_

Relationship to student \_\_\_\_\_

Date requested for visitation \_\_\_\_\_

Time requested for visitation \_\_\_\_\_

Purpose of visitation \_\_\_\_\_

Visitation Approved by:

\_\_\_\_\_  
Supervisor Signature