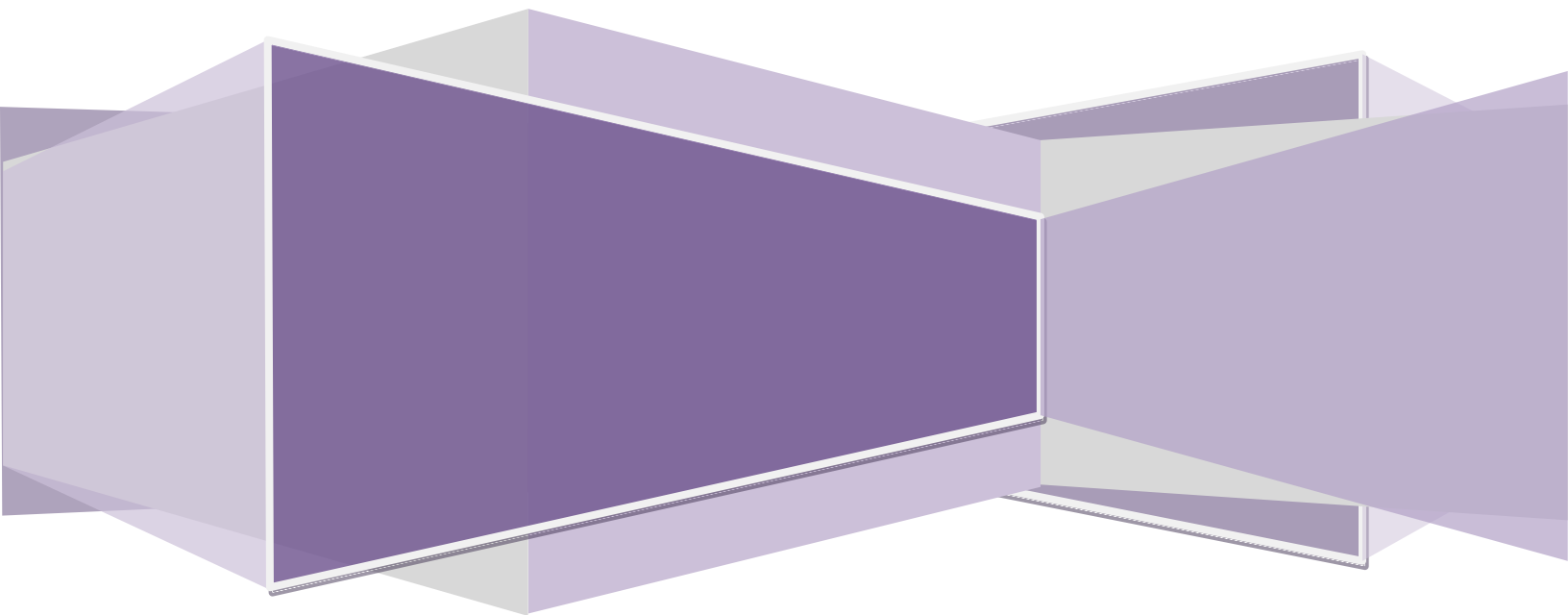


# **South Eastern Special Education**

## **Job Shadow/Observation Handbook**



## **SOUTH EASTERN SPECIAL EDUCATION**

One of the continuing goals at South Eastern Special Education is to offer support for students in developing their skills and to provide programs, which further their educational experience. Consider what you want out of the experience of your observation. You can learn more about special education and the roles of the staff in that setting.

### **OBSERVATION GUIDELINES**

- Individuals will observe/shadow within procedural guidelines established by South Eastern Special Education.
- Individuals who observe/shadow **will not** have access to student records (including IEPs) or grades.
- Observers may **not** supervise a class during a teacher's absence.

### **CONFIDENTIALITY**

It is of the **utmost importance** that you keep information you learn about students between yourself and your supervising teacher. A misplaced comment can be in violation of the HIPPA/FERPA laws. Students and parents must have the assurance that all information about the student is kept confidential at all times. If you have any questions or concerns, talk with the supervising teacher or supervising administrator from South Eastern Special Education.

### **APPLICATION FORM**

You will be asked to complete a Observation/Job Shadow Application form. This information is for program use only and will not be shared with any other organization, group or person outside of South Eastern Special Education. An application form is attached to this Handbook.

### **IDENTIFICATION**

1. Always report to the school's office before you begin your day.
2. Sign in and out each time you enter the school building.
3. Wear your VISITOR badge or other name badge each building may require while in the classroom and building.

**OBSERVATION/JOB SHADOW APPLICATION FORM**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Organization Represented \_\_\_\_\_

Title: (check one)  Parent  College Student  Jr. High/High School Student

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Requested Activity to observe: \_\_\_\_\_

Location: Name of School \_\_\_\_\_ Class \_\_\_\_\_

Day(s) of Week (circle) M T W Th F Time(s): \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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**\*\*TO BE COMPLETED BY OFFICE PERSONNEL**

**Observer Assignment**

Recommended Assigned Activity \_\_\_\_\_

School \_\_\_\_\_ Classroom \_\_\_\_\_

Days Approved to Attend \_\_\_\_\_

Other \_\_\_\_\_

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Director/Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

**Observer/Job Shadow Information Form and Waiver of Liability**

*Only one form needs to be completed each school year. Please print clearly in ink:*

**Waiver of Liability**

The School District does not provide insurance coverage to non-District personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk.

**By your signature below:**

You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to the School District.

You agree to assume all risk for death or any loss, injury, illness, or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the School District. You also agree to waive any and all claims against the School District, or its officers, School Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District.

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Applicant Signature

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Date

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Technical Assistance Supervisor/Director

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Date