

Classroom Observation Requirements

Name _____

Email address _____

Phone Number _____

College or Certification Entity _____

Number of hours required _____

Placement Request: Only one placement will be provided per semester

Elementary, Approximate grade level _____

Secondary, Content Area _____

College Students

Please provide the following information by mail, fax, or email

- ❖ Return this completed form.
- ❖ Copy of your Driver's License
- ❖ Copy of Student ID
- ❖ Copy of class syllabus or information from your instructor stating the requirement and hours needed
- ❖ Completed Criminal History Record Investigation (A copy of this form is attached to this email.) Fingerprinting will not be necessary for observations.
- ❖ Signed Confidentiality agreement

Alternative Certification

Please provide the following information by mail, fax, or email

- ❖ Please complete and return this form.
- ❖ Copy of Driver's License
- ❖ Copy of Acceptance into an Alternative Certification Program
- ❖ Completed Criminal History Form (We will attach this form to the email.) Fingerprinting will not be necessary for observations.
- ❖ Signed Confidentiality agreement

Mesquite Independent School District

405 E. Davis Mesquite Texas 75149

Criminal History Record Investigation

Please Print in ink or type

NAME: LAST, FIRST, MIDDLE (as written on Social Security Card)				MAIDEN OR OTHER NAMES KNOWN BY	
DATE OF BIRTH	SOCIAL SECURITY NUMBER		DRIVERS LICENSE NO. & STATE I.D.CARD #		TYPE
HIGHEST LEVEL OF EDUCATION		SCHOOL NAME		CITY, STATE	
Ethnicity: (Check one)	American Indian	Asian	Black, non-Hispanic	Hispanic	White, non-Hispanic
	Gender	Height Ft. In.	Weight	Hair Color	Eye Color
Citizen Country		Immigration Status		Immigration Date (09/06/1972)	Alien Registration #
PRESENT ADDRESS		CITY	STATE	ZIP	DATES
PREVIOUS ADDRESS		CITY	STATE	ZIP	DATES
PREVIOUS ADDRESS		CITY	STATE	ZIP	DATES
PREVIOUS ADDRESS		CITY	STATE	ZIP	DATES
PREVIOUS ADDRESS		CITY	STATE	ZIP	DATES

*Provide addresses for the last 5 years

In connection with my application for employment, I understand that a complete background investigation regarding criminal record information may be conducted through an outside agency. (Texas Education Code Section 21.917)

I agree that a Photostat copy of this authorization shall be considered as effective and valid as the original.

I have read and understand the above statement.

Phone: _____

Email: _____

Applicants Signature

Date



Oath of Student Confidentiality

As an observer in the Mesquite Independent School District, I do hereby certify, warrant, and affirm that I will fully comply with the stated requirements for confidentiality.

(Please initial each statement)

_____ I understand that I will only observe in the classroom. I will not be working directly with students or at any time be supervising students.

_____ I will in no way identify any individual student or group of students observed during my field experience with MISD.

_____ I will in no way reveal confidential information concerning students observed during my field experience with MISD.

_____ I will in no way identify the teacher or campus observed during my field experience.

_____ I understand that pictures, video tape, or tape recordings of students or staff will not be allowed during my field experience.

I do further certify, warrant, and affirm that I will faithfully and fully comply with all requirements regarding maintaining the confidentiality of student and staff and abiding by the access level assigned.

IN WITNESS WHEREOF I affix my hand on the _____ day of _____, 20__

Printed Name

Signature

College or University

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency, Required for future DPS Audits)

Signature of Applicant

Date

Mesquite ISD

Agency Name

Terri R. Craig
Agency Representative Name (please print)

Terri R. Craig
Signature of Representative

Date

OFFICE USE ONLY

Please:
Check and Initial each Applicable Space

CCH REPORT PRINTED:

YES _____ NO _____ __TC__ Initial

Purpose of CCH: _____

Empl _____ Vol/Contractor ____ __TC__ Initial

Date Printed: _____ _____ Initial

Destroyed Date: _____ _____ Initial

Retain in your files