

REGIONAL OFFICE OF EDUCATION  
Champaign – Ford Counties

**CLASSROOM OBSERVATION AND/OR PROJECT REQUEST FORM**

Regional  
Office of  
Education  
Use Only

In Person       By Telephone       By Letter \_\_\_\_\_

Processed by \_\_\_\_\_ (name and title)

Application  
Details

Name of Requestor \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Facility Desired: \_\_\_\_\_

Location: \_\_\_\_\_

See attached application for details. (If not provided elsewhere, request for visits are as follows:

Subject(s) or area(s) \_\_\_\_\_

Type of class(es) \_\_\_\_\_

Grade Level(s) Preferred:                      6   7   8   9   10   11   12

On: Date(s) \_\_\_\_\_

Estimated time of arrival for visit(s) \_\_\_\_\_

Tentative approval has been obtained from the Regional Superintendent or his/her designee.

Action  
At  
Regional  
Office Of  
Education

Approved for visit and assigned as per request to:

Department/Program(s) \_\_\_\_\_

Department Head/Staff Member(s) \_\_\_\_\_

Not approved for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Regional Superintendent

(The Department Head, Administrator or staff member should retain a copy of the project application.)