



REGISTRATION FOR CLASSROOM OBSERVATION

Please complete the information requested below.

Use the tab key to move to the next field.

Click Submit.

If you experience problems submitting this form electronically, you may fax your completed form to Eva Miranda at 817.831.5721.

Problems experienced could be due to your browser or email settings.

DATE OF REQUEST:

NAME:

ADDRESS:

HOME PHONE:

CELL PHONE:

EMAIL ADDRESS:

ALTERNATIVE PROGRAM CANDIDATE

NAME OF ALTERNATIVE PROGRAM:

CURRENT STUDENT

LIST COLLEGE/UNIVERSITY:

ADDITIONAL COMMENTS:

**PLEASE ALLOW 10 WORKING DAYS FOR YOUR OBSERVATION REQUEST
TO BE PROCESSED.**

**REQUIRED DOCUMENTATION MUST BE PRESENTED
PRIOR TO ISSUANCE OF BISD OBSERVATION CLEARANCE CARD.**

**CANDIDATES WILL BE NOTIFIED BY PERSONNEL SERVICES WHEN OBSERVATION
CARDS ARE READY FOR PICK-UP.**