

## Permission for Classroom Observation

In order to assist \_\_\_\_\_ School of Religious Education in  
providing religious education for \_\_\_\_\_

\_\_\_\_\_ (date of birth), I authorize the following persons

\_\_\_\_\_ to visit the classroom and

consult with \_\_\_\_\_

The purpose of the observation is to help teach/model strategies that would be  
helpful when working with \_\_\_\_\_ in a religious setting.

You are authorized to share confidential information which serves this purpose.

Family home phone number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Obtain information from:

School \_\_\_\_\_

Phone \_\_\_\_\_ Staff Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Copies of this form to:

\_\_\_\_ Parish School of Religious Education

\_\_\_\_ Elementary/Secondary school indicated above

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*Opening Doors, Chapter Three, Sect. A.6.b.(3.f)*