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

<table>
<thead>
<tr>
<th>NAME: LAST, FIRST, MIDDLE (as written on Social Security Card)</th>
<th>MAIDEN OR OTHER NAMES KNOWN BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF BIRTH</td>
<td>SOCIAL SECURITY NUMBER</td>
</tr>
<tr>
<td>HIGHEST LEVEL OF EDUCATION</td>
<td>SCHOOL NAME</td>
</tr>
<tr>
<td>Ethnicity: (Check one)</td>
<td>American Indian</td>
</tr>
<tr>
<td>Gender</td>
<td>Height Ft. In.</td>
</tr>
<tr>
<td>Citizen Country</td>
<td>Immigration Status</td>
</tr>
<tr>
<td>PRESENT ADDRESS</td>
<td>CITY</td>
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<tr>
<td>PREVIOUS ADDRESS</td>
<td>CITY</td>
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<td>PREVIOUS ADDRESS</td>
<td>CITY</td>
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</tbody>
</table>

*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.

Phone: ____________________________________________

Email: ____________________________________________

I have read and understand the above statement.

Applicants Signature __________________________ Date ____________
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 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

Rev. 09/2013