

Observation Student Guidelines

Lindale ISD welcomes classroom observation students during the fall and spring semesters. Campus placements are determined by the Deputy Superintendent / Human Resource Department. All placements are based on availability and spaces are limited. To request a placement for classroom observation, please follow the guidelines listed below:

- Due to the volume of request, Lindale ISD will only place individuals for observation who are in university based programs that lead directly to student teaching or a Teacher Certification Program. Lindale ISD will place student observers from junior colleges on a case by case basis, depending on availability.
- Only requests from colleges, universities and program coordinators will be accepted;
- Students or representatives of the requesting program may **not** contact campus teachers or principals directly;
- All observation students are required to follow the Lindale ISD district dress code.

PLACEMENT TIMELINES

Fall Semester

Observation applications will be accepted March 1 through August 1.

Spring Semester

Observation applications will be accepted October 1 through December 1.

REQUIRED FORMS

- Criminal Background Form
- DPS Audit Form
- Observation Student Application

University and program coordinators should email the required forms to Cookie Curry – currycl@lisdeagles.net or fax 903-881-4001.

**Lindale Independent School District
Observation Student Application**

All prospective student observers seeking placement in Lindale ISD are required to complete and submit an Observation Student Application to their University Program Coordinator. The Observation Student Applications must be submitted by the Program Coordinator to Cookie Curry at currycl@lisdeagles.net or fax to 903-881-4001.

Only request from the University/Program Coordinator will be accepted.

Observation Student Information

Name: _____ Phone Number _____

Semester Requested: Fall 20__ Spring 20__

Email: _____

Street Address / PO Box _____ City _____ State _____ Zip Code _____

Certification Levels: _____

All Level/Secondary Certification Content: _____

Number of Hours: _____

Name of University or Certification Program

Program Contact Person

Program Supervisor's Signature

Date

For Lindale ISD Office Use Only

Campus _____ Cooperating Teacher _____

Grade Level/Subject _____ Email _____

Campus _____ Cooperating Teacher _____

Grade Level/Subject _____ Email _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification 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.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee

Date

Lindale ISD
Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	