

Woodridge Local School District

VISITATION AGREEMENT

I, the undersigned, request approval to visit the following classroom(s).

Teacher	Grade	Date	Time
_____	_____	_____	_____

I have received a copy of the Classroom Visitation Guidelines. I have read and understand the implications of each item and by my signature below, agree to adhere to these guidelines.

Signature

Date

Approved:

Administrator

Date