

University of Washington
Teacher Education Program – College of Education
Box 353600, Seattle, WA 98195-3600

Description and Assurance of Classroom Observation

All applicants to the UW Teacher Education Program (UW TEP) must complete a 40-hour classroom observation. UW TEP is focused on preparing teacher candidates to teach in low-income, diverse communities and schools. The purpose of the 40-hour classroom observation is to provide applicants with a strong sense of the work teachers do in high need settings. The observer is not certified and therefore needs to be under your guidance at all times during the 40 hours.

Applicant's Name _____
Last
First
Middle

School _____ Grade Level (s) _____

School Address _____ School Phone _____
city
state
zip

Dates of Participation _____ Total Hours _____

Public Law 93-380, The Family Educational Rights and Privacy Act of 1974 requires that letters of recommendation in behalf of applications for admission be placed in open files for review by the student after s/he begins a program unless the student waives her/his right to review the recommendation. An applicant signature indicates that this recommendation will not be available to the student for review at any time and will be treated as confidential by the University of Washington, College of Education. (Unaccepted persons or those who do not begin the program do not have access to this form at any time.)

To the Applicant:

1. Give this form to the teacher, along with a stamped envelope addressed to: Office of Student Services, College of Education, 206 Miller Hall, Box 353600, University of Washington, Seattle, WA 98195-3600
2. Sign below if you wish this form to be held in confidence from you by the University of Washington, College of Education.
3. Do not sign below if you wish this form to be placed in an open file if you are admitted as a student and begin the program. (This form remains confidential until that time.)

It is my understanding that waiving my right to review this recommendation is not required as a condition of admission, receipt of financial aid, or other University service, and is entirely voluntary. Accordingly, I hereby waive any and all rights to inspect and review this recommendation under the Family Rights and Privacy Act of 1974.

Applicant Signature

Date

To the Teacher:

This person is applying to the Teacher Education (master's degree) Program at the University of Washington. The Description and Assurance form will be an important part of the application file. Please:

1. Indicate whether or not the applicant's descriptions and noted ways in which s/he participated are accurate.
2. Indicate whether or not the applicant presented her/himself professionally.
3. Provide any comments about the applicant's experience in your classroom that you believe will help the admission committee evaluate the applicant.
4. Return the form in the stamped envelope provided by the applicant.

Applicant's Name _____
Last First Middle

Applicant:

Describe the classroom in which you completed your observation (include the kinds of activities you observed the teacher and students engaged in, and the socio-economic, ethnic, racial, and language diversity of the students):

(Take as much room as you need. You may also include additional typed pages.)

Applicant:

In what ways did you participate in the classroom community (check all that apply):

- Observed only
- Attended school/teacher meetings
- Participated in one-to-one work with students
- Participated in planning
- Participated in whole group activities
- Participated in instruction under your guidance
- Had opportunities to interact with parents
- Other (please describe) _____
- Other (please describe) _____

Teacher please mark one response for each statement (YES/NO) and provide comments that might be helpful to the selection committee.

- The description and indication of participation noted by the applicant above are accurate. **YES NO**
- The applicant presented her/himself in a professional manner while in my classroom and school. **YES NO**
- The applicant was motivated to participate in a wide range of classroom activities. **YES NO**

Please comment on the applicant's engagement with students:

Other comments:

Teacher Signature _____ Teacher Printed Name _____ Date _____
(Attach typed pages if you require additional room for comments.)