

**ANW SPECIAL EDUCATION COOPERATIVE  
PROGRAM VISITATION REQUEST  
(IN LIEU OF LOCAL INSERVICE)**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

A. Outline of Activity/program requested for visitation:

Name of Teacher to be visited:

Date of visit:

Type and Level of Program:

Location of Program/Classroom:

Specific Activities to be observed:

Have you contacted this program?  Yes  No

Do they approve of your visit?  Yes  No

B. How will this visitation improve your assignment?

C. What will your paraprofessional do on this day?

D. What expenses will the Cooperative have for this visitation, if any?

E. What local inservice activity are you requesting to be released from?

F. Has your Principal been informed?  Yes  No

Principal's Comments:

Principal Signature \_\_\_\_\_

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(To be completed by the Director of Assistant Director)

Date Received \_\_\_\_\_

The requested visitation is:  Approved

Disapproved

Provide additional information:

\_\_\_\_\_  
DIRECTOR/ASSISTANT DIRECTOR

\_\_\_\_\_  
DATE