



**Office of Early Learning Pre-K/K Demonstration Program**

**Guided Observation Visitor Agreement Form**

Name of Visitor \_\_\_\_\_

Name of School/Site \_\_\_\_\_

As a Guided Observation Visitor in the NC Demonstration Program Classroom(s), I understand that I am required to:

- check in at the main office and wear a visitor badge at all times.
- allow the classroom routines, procedures, and instruction to continue with as little disruption as possible.
- interact with the children only at times deemed appropriate by the teacher.
- keep all child and staff information confidential, discussing only with teachers and administrators involved in the visiting process.
- treat and discuss children and staff in a professional manner.
- limit photography and video recording to the classroom environment **(pictures/videos of children are not allowed)**.

**Following my guided observation, I will complete and submit the demonstration program online evaluation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Guided Observation Visitor Copy**

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