

Katy ISD Observation Procedures and Guidelines

Process for Approval to Observe in Katy ISD

1. Review the Katy ISD Observation Procedures and Guidelines below.
2. Complete: [Katy ISD Observation Request Form](#).
3. Complete the [General Information Sheet and Consent for Background Check](#) below and email the forms to Erica Nugent (ericagnugent@katyisd.org).

PLEASE NOTE:

- **Fall Observations begin after the 2nd week in September and end the last week of November**
- **Fall Observation Applications / *Requests will not be considered after the second week of November***
- **Spring Observations begin after the 3rd week in January and end the last week of March**
- **Spring Observation Applications / *Requests will not be considered after the second week of March***
- **KISD will not approve more than 10 hours per semester**

Observation Guidelines

1. **It will typically take a minimum of 10 days to process your request to complete observation hours.**
2. **All cell phone use for any purpose during observations is prohibited.**
3. **Professional dress is required for all observers. Admittance to campus may be denied if attire is deemed inappropriate by an administrator.**
4. Provide the campus with your driver's license to run through the RAPTOR system.
5. You must bring a copy of your HR approved Observation Request to the campus.
6. Remember that all information concerning students is confidential.
7. **You can only observe on the campuses provided to you by the Human Resource contact person.**
You are not to make requests for other campuses.
8. You may not observe in your child's classroom.
9. Respect the campus making the decisions of which classrooms and teachers you will be assigned to observe.
10. The campus administrator has the authority to deny or discontinue requests for observation hours.
11. Approved observation time frames are by semester and do not extend into another semester.
12. Be respectful of the campus' ultimate purpose, educating the students that attend the campus and serving the needs of those families. Assisting with observations is not a focus to their main goal. Please be courteous to the campus assisting you.
13. Be mindful that it is in your best interest to observe in multiple districts to provide you with a better spectrum of experiences.



GENERAL INFORMATION

Social Security Number: _____

Name: _____
 (Last) (First) (MI)

Will you abide by the safety rules of the district? Yes No

Have you ever been convicted of a crime (This includes DWI)? If the answer is "yes" please explain.	Yes	No

Have you ever been convicted of a felony or any crime involving moral turpitude?*** If the answer is "yes" please explain.	Yes	No

Have you ever been convicted of a felony or any crime involving moral turpitude and received probation?*	Yes	No
If the answer is "yes" please explain.		

Has any court received a plea of guilty or a plea of nolo contendere from you for any offense?*** Yes No

Has any court ever deferred proceeding without entering a finding of guilty and placed you on probation?*** Yes No

No Has any court ever placed you on probation for any offense?*** Yes No

If the answer to any of these three questions is "yes," please explain:

** Moral turpitude is defined as an act of baseness, vileness or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rules of right and duty between persons. Crimes involving moral turpitude include, but are not limited to theft, attempted theft, murder, rape, swindling and indecency with a minor.

***The district will review the nature of the offense, the date of the offense, and the relationship between the offense and the position for which the person is applying before making a determination concerning impact upon consideration for employment.

 Signature Date

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA

(Fair Credit Reporting Act)

Katy ISD requires all individuals who participate in classroom/campus observations to have a criminal background check conducted. I have been advised that, as a part of the application process, the District will conduct a criminal history background check. I do hereby consent to the District's use of any information provided during the application process in performing the criminal history check. The District has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to participate in classroom/campus observations. In addition, I have been informed that I will have an opportunity to clear up any mistaken information reported, within reasonable time frame established at the sole discretion of the District. In compliance with the Fair Credit Reporting Act, I have been advised that, upon request, I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. NOTE: Any misrepresentation or omission of the information requested on this form will have an adverse impact upon your application.

Last Name	First Name (per birth certificate)	Middle (per birth certificate)
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Last Name (per birth certificate/ all other last names)	Address	City	State	Zip
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Email address: _____

Phone number: _____

Driver's License #: _____ State: _____

_____/_____/_____	_____	_____	_____/_____/_____
Social Security Number	Sex	Race	Date of Birth

Are you a Katy ISD Employee? _____

Are you retired from Teacher Retirement System of Texas? _____

_____/_____/_____

Date of Retirement

PLEASE COMPLETE THE INFORMATION REQUESTED BELOW FOR ALL LOCATIONS OF RESIDENCE SINCE THE AGE OF 18.
YOU MUST BE SPECIFIC ABOUT DATES.

City/Town	County	State	Year From	Year To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Please use a separate sheet, if necessary, to complete information.)

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information is found to be incorrect or incomplete, it may be grounds for cancellation of my or all offers of employment or grounds for termination of employment at the discretion of the District.

_____	_____	_____
Signature	Date	Phone Number

PERSONNEL USE ONLY

Name Base Search completed: _____

Date Initials