

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.

