



## REGISTRATION FOR CLASSROOM OBSERVATION

*Please complete the information requested below.*

*Use the tab key to move to the next field.*

*Click Submit.*

*Adobe Reader XI or higher recommended.*

*[Download your free version of Adobe Reader here.](#)*

If you experience problems submitting this form electronically, you may fax your completed form to Belinda Uriostegui Martinez at 817.547.5536.  
Problems experienced could be due to your browser or email settings.

DATE OF REQUEST:

NAME:

ADDRESS:

HOME PHONE:

CELL PHONE:

EMAIL ADDRESS:

ALTERNATIVE PROGRAM CANDIDATE  
NAME OF ALTERNATIVE PROGRAM:

CURRENT STUDENT  
LIST COLLEGE/UNIVERSITY:

ADDITIONAL COMMENTS: *(use tab key to move to next line)*

*PLEASE ALLOW 10 WORKING DAYS FOR YOUR OBSERVATION REQUEST  
TO BE PROCESSED.*

*REQUIRED DOCUMENTATION MUST BE PRESENTED  
PRIOR TO ISSUANCE OF BISD OBSERVATION CLEARANCE CARD.  
CANDIDATES WILL BE NOTIFIED BY HUMAN RESOURCES WHEN OBSERVATION CARDS ARE  
READY FOR PICK-UP.*