

## NON-EMPLOYED STAFF REGISTRATION FORM

Outside Student Services, School District Staff, Practicum Participants, Interns, Observers, Volunteers, Etc.  
**Please complete all information on this form.**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Permission to Observe/Dialogue/Release Records**

**Purpose of Visit & Complete Information Below:**

- Volunteer – see reverse page referencing Act 153 for additional information
- Professional request for Observation of Classroom/Worksite/Guest Speaker in Classroom
- Student Teaching/Practicum/Internship/Observation
- Outside Student Service for Students at Pathway (Observations, Evaluations, Testing, Therapies, SD, etc.)

Name of student(s) (if applicable): \_\_\_\_\_

Start Date at The Pathway School: \_\_\_\_\_

End Date at The Pathway School: \_\_\_\_\_

**Check One** Please note 8 hours refers to the TOTAL time in the school year.

- Requesting to have direct contact with the student(s)**, be left unattended or unsupervised with a student, be here for more than 9.5 hours total time in the school year or visit Pathway more than 3 times during the school year. (This includes SD evaluations/testing).
- NOT requesting any direct contact with the student(s), observation only**, will not be left unattended and are under staff supervision at all times, and will not be here for less than 10 hours total.

**Schedule Requested:** Please enter proposed schedule under corresponding day and times to come to Pathway.  
 Ex. 8:45 am. –3:00 pm.

Monday	Tuesday	Wednesday	Thursday	Friday

**Comments/Requests:**



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**\*\*Please also complete if you are requesting Student Teaching, Practicum, Internship or Observation\*\***

**Facility/College/University Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **email :** \_\_\_\_\_

**To Be Completed by Pathway Department Director or Supervisor for registration submittal**

**Pathway Director or Supervisor Approval:** \_\_\_\_\_

**Pathway Assigned Classroom/Teacher (if applicable):** \_\_\_\_\_

**Pathway Assigned Supervisor (if applicable):** \_\_\_\_\_

**Pathway Comments/Requests:**