

**HURST-EULESS-BEDFORD INDEPENDENT SCHOOL DISTRICT**

**OFFICE OF HUMAN RESOURCES**

**STUDENT OBSERVER DATA RECORD**

Name: \_\_\_\_\_  
          **LEGAL** Last                      **LEGAL** First                      Middle Initial                      Maiden Name

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_ Secondary Phone Number: (\_\_\_\_) \_\_\_\_\_

University or Alternative Certification Program requiring classroom observations:  
**\*Be sure to attach your acceptance letter or syllabus.**

# of Observation Hours Required: \_\_\_\_\_

Grade Level(s)/Content Area/desired: \_\_\_\_\_

Specific Campus(es) Requested: \_\_\_\_\_  
**\* Student observers are placed based on classroom availability. All specific requests may not be granted.**

**CRIMINAL BACKGROUND CHECK FORM**

Name: \_\_\_\_\_  
          Last                                      First                                      Middle

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Sex \_\_\_\_\_

Race:  American Indian     Asian/Pacific Islander     Black     Hispanic     White

I certify that all of the identification numbers that I have provided are true and correct. I hereby authorize the Hurst-Euleless-Bedford Independent School District to conduct inquiries about my criminal background and social security prior to approval for conducting classroom observations.

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only**

Date:

Status:

HR Initials:

Campus Placement(s):

Date Student was Contacted/Placed:

Campus Contact Person:

HR Initials: