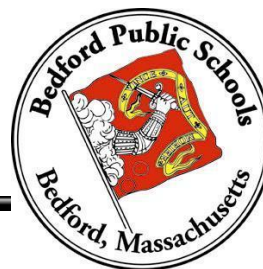


# BEDFORD PUBLIC SCHOOLS

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Marianne N. Vines  
Director of Special Education



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Bedford, MA 01730

TEL: 781-275-5296  
FAX: 781-275-7455

## Request for Designated Observer

I, \_\_\_\_\_, the parent and/or legal guardian of  
\_\_\_\_\_, do hereby authorize and designate  
\_\_\_\_\_ to observe my child in his/her  
classroom or to observe the educational program that has been recommended by my child's IEP  
Team. I further authorize Bedford Public School staff to provide and exchange verbal information  
pertaining to my child with my designated observer.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date