



Visitation Day Application Form

(For consortium members only)

The Teacher Center at Purchase College
Natural Sciences Building, Room 1007
735 Anderson Hill Road
Purchase, New York 10577

(914) 251-6876
www.purchaseteachercenter.org



The Teacher Center at Purchase College

Visitation Day Application

Applicant Information Sheet

The teacher listed below assumes responsibility for the preparation and submission of this application.

Name of requesting teacher _____

Grade/Subject Taught _____

School _____ District _____

Principal's Name _____

Principal's Signature _____ Date _____

Name of teacher you wish to visit _____ (May be a teacher from any district)

Grade/Subject Taught _____

School _____ District _____

(Circle one) I will spend a Full Day Half day (AM or PM)

Date of proposed visitation _____

Why have you selected this particular teacher and classroom? What do you anticipate that you will observe? How did you learn about this teacher? What needs do you have that might be specifically addressed through this visitation? (Use reverse side of form if necessary)

Signature of requesting teacher _____ Date _____