

Welcome to the Teacher Visitation Program Teacher Center Services

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Teacher Visitation Program

1.) application form

To receive approval to visit another classroom teacher for one day, submit the **application form** to Teacher Center Services through the above mailing address or fax.

Complete the necessary forms for approval of your substitute as required by your school administration. For Bismarck Public School employees, choose Other Billable Leave from the dropdown menu on Aesop.

Following the visitation, please submit the expense claim form and the summary form through mail or fax to Teacher Center Services, and your school district will be reimbursed for substitute pay in an amount not to exceed more than **\$90** for the one day.

2.) expense claim form

Substitute fees will be paid directly to the school district upon the receipt of the expense claim form and the summary form.

3.) summary form

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**Application Form
Teacher Visitation Program**

Name: _____

E-mail: _____

School: _____

School telephone: _____ School fax: _____

Grade and/or subjects taught: _____

Educational Objectives of Teacher Visitation:

(Your Principal's Signature)

(Your Signature)

(Director of Teacher Center Services)

(Date approved)

**Expense Claim Form
Teacher Visitation Program**

Name: _____

Home school: _____

School telephone: _____ School fax: _____

Name of substitute teacher: _____

Amount of substitute pay to be reimbursed to school district: _____

Name of school / district: _____

Name of contact / business manager: _____

Address: _____

(Your Principal's Signature)

(Your Signature)

CLASSROOM TEACHER AND SCHOOL VISITED

Name of School Visited: _____

School telephone: _____ Date of visit: _____

Classroom teacher visited: _____

(Classroom Teacher's Signature)

(Principal's Signature)

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