MILES EARLY CHILDHOOD DEVELOPMENT CENTER OBSERVATION/PARTICIPATION REQUEST

Name_____________________________________________Today’s Date_______________________

Date(s) Requested: __________________________________________

Length of time requested for each visit: ____________________________

Phone________________________________Email___________________________________________

Purpose of request (check all that apply):

☐ To obtain general information about program

☐ Course assignment/requirement(s) PLEASE ATTACH A COPY OF THE ASSIGNMENT
  ○ Course #_______________________________________________________________
  ○ Course Title__________________________________________________________

☐ Other________________________________________________________________________

I am (check all that apply)

☐ CofC Professor (attach roster/assignment description and proposed schedule of visits)

☐ College of Charleston student

☐ Non CofC Professor from____________________________________________________

☐ Non CofC Student from______________________________________________________

☐ Prospective parent

☐ Visitor from another program_______________________________________________

☐ Other_______________________________________________________________________

Focus of Visit (check all that apply):

☐ Child development (desired age level: 2 3 4 5K)

☐ Curriculum/assessment

☐ Environment

☐ Program Administration

☐ Other________________________________________________________________________

Documentation of Completed Observations:

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