

For Center use only: Date Approved \_\_\_\_\_ By Whom \_\_\_\_\_

### 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:

Signature	Date	Time In	Time Out