

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 |
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