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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Rev. 7.5.18 KH