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)

☐ CoC Professor (attach roster/assignment description and proposed schedule of visits)
  ☐ College of Charleston student

☐ Non CoC Professor from_________________________________________________________

☐ Non CoC 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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