

Permission to Observe

KVCC Student's Name: _____

Student: Please fill in the next portion of the form before the observation. Present to the parent, teacher or director for their signature.

I will be

observing:

(Type of behavior, development or focus of observation.)

I will be using:

(Type of recording method.)

Single Observation	Date of observation:	_____	Time:	_____
Multiple Observations	Start date of observations:	_____	End date:	_____

Parent, Teacher or Director: This student is enrolled in a KVCC course and is required to complete observations with written records of those observations as part of their course work.

No children's names or identifying characteristics will be used and all information is held in strict confidence. Students have been instructed to guard the confidentiality of the observations.

The purpose of these observations is for learning the art of observing and recording, and to practice this technique, as well as to further understanding of children's development. Classroom discussion of observations will focus around the skills involved in observing and recording children's behaviors, rather than individual children, teachers or sites visited. All information gained through observation will be kept strictly confidential.

Thank you in advance for your cooperation.

Jessica Powell
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YES, I give permission for this observation.

Name: _____ Title: _____

Date: _____ Phone: _____