

**Department of Social Sciences
Early Childhood Education Program**

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 make 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 to increase understanding of young children's development, for learning the art of observing and recording, and to practice this technique. 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.

Thank you in advance for your cooperation.

KVCC Early Childhood Education Program

Office: 453-3670

YES, I give permission for this observation.

Name: _____ Title: _____

Date: _____ Phone: _____