SIUE EARLY CHILDHOOD 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)

☐ SIUE Professor (attach roster/assignment description and proposed schedule of visits)

☐ SIUE Student

☐ Non SIUE Professor from________________________________________________________

☐ Non SIUE Student from________________________________________________________

☐ Prospective parent Visitor

☐ Other________________________________________________________________________

Focus of Visit (check all that apply):

☐ Child development (desired age level____2____3____4____5K)

☐ Curriculum/assessment

☐ Environment

☐ Program Administration

☐ Other________________________________________________________________________