



**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 _____