

# PERMISSION FORM

**Present to Parent, Teacher, or Director for signature below**

**College Name:** Los Angeles \_\_\_\_\_ College

**Instructor's Name:** Dr. Vazquez

**E-mail Address:** vazquele@lavc.edu

## PERMISSION TO OBSERVE

STUDENT'S NAME: \_\_\_\_\_

CENTER OR SCHOOL: \_\_\_\_\_

PHONE: \_\_\_\_\_

Dear Family Member/Guardian:

I will be visiting your child's classroom at least 7 times over the semester for the purpose of learning more about child development. I will be making written notes on my observations. All observations will only note children by initials or some other anonymous designator to guard their confidentiality. These will be for practice only, not for any other purpose, and the only person who will see them is my instructor.

Please sign below to indicate your permission to include your child in my study work.

I give permission for my child's participation as described above.

\_\_\_\_\_ Phone \_\_\_\_\_

or:

I, as the Director of this program, give my permission for this student to observe this child while at \_\_\_\_\_.