



Class Observation Request Form

The University of Michigan - Flint
Early Childhood Development Center
1313 William S. White Building
Flint, Michigan 48502-1950

Telephone: (810) 424-5214
Fax: (810) 237-6690
www.umflint.edu/ecdc

This form is to be used by faculty members who intend to send an entire class of students to the Early Childhood Development Center for observation related to classroom instruction or assignments. This form should be submitted 2 weeks in advance of the beginning date of observation to the Director.

Name of Faculty Member: _____

Office Address: _____ Phone Number: _____

E-mail Address: _____

Course for which observation is sought:

Department: _____ Course Number: _____ Number of Students: _____

Number of observation visits sought for each student (visits per semester): _____

Start date of observation: _____ Anticipated end date: _____

Special requirements of observation: (e.g., infants only, gross motor skill use, particular time of day)

Will students be coming as a class or individually for observations? (circle one)

Class with Instructor Present

Class without Instructor Present

Individually

How will students complete their individual Consent for Observation Form?

_____ In advance, in class (delivered to the ECDC before scheduled visits) – Preferred

_____ In advance (students will bring forms with the to observation) – Preferred

_____ At the ECDC (Explain why this is necessary below, e.g., an online course)

Attach a brief description of the purposes of the observation(s) and a copy of the assignment(s) that students will complete as a result of their observations.

Signature: _____

Date: _____

For office use only:

Accept _____ Deny _____ Return for additional information _____

Date of Faculty notification by e-mail: _____