PERMISSION TO OBSERVE

COLLEGE NAME: Oakland Community College

Instructor Name: Tiffany Wright Ofeimu

Phone: 248-942-3157

OCC STUDENT'S NAME: Cassandra Berry

Child Name: Heavyn Montgomery

SCHOOL: Word Believing Christian Center Children Church

PHONE: 248-481-4110

I will be visiting your child's classroom at several times over the semester for the purpose of learning more about child development. I will be making written notes on my observations of work. All observations will only note children by initials or some other anonymous designator to guard their confidentiality. All work samples will be returned. I will be using my observations to complete an Ages and Stages Questionnaire (ASQ). This 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.

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

Signature: Cry Montgomery Date: 3/6/24

Phone_____

Classroom Teacher: I give my permission for this student to observe this child while in my classroom.

Signature: Gina Bosquez Date: 3/6/24

Director: I give my permission for this student to observe this child while at the program.

Signature:_____ Date: