REQUEST FOR ACTIVITIES, PROJECTS, ASSESSMENTS OR OBSERVATIONS IN CHILD DEVELOPMENT LABS.

ALL OBSERVATIONS ARE DONE FROM THE BOOTHs during the hours of 8:30 – 11:30am or 2:30-4:30pm.

Student’s Name: ___________________________________________ Date: ______________________

Student’s E-Mail Address: ___________________________________ Phone: ______________________

Instructor: _________________________________________________ For what class?: __________________

Department: ____________________________

How long (in minutes or hours) does your observation need to be: __________________________

Dates and times requested to observe from booth:
(Please be specific, i.e. mm/dd/yy @ 00:00am/pm through 00:00am/pm and provide alternate dates and times)

Date__________________ Time____________________
Date__________________ Time____________________
Date__________________ Time____________________
Request will not be considered without specific dates and times)

Tell us the ages of children you need to observe: ____________________________________________

Describe purpose of observation:

For CDL Use Only:

______________________________
Approved/Declined

______________________________
Date of notification

10/11
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