Request for Observation
General Education Community

Date: ____________

Name: _________________________________ Cell Phone: _________

Your organization’s name: _________________________________________

Work Phone: _______________ E-mail: _______________________________

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

Purpose of observation: _____________________________________________

___________________________________________________________________

Date requested: ___________________________________________________

(Please provide at least three dates)

Time requested: ______________________ (please see note above)

What ages do you need to observe: _________________________________

How long does your observation need to be: _________________________

- Email or fax request to: Janice Boltserige at the above address.
- You will be notified by email confirmation or to submit more information.
- Information about the Child Labs can be found online at childlabs.uconn.edu
- There is no public parking at the Child Labs. The nearest parking area is in South Garage. If you need directions please call 486-2865.

For CDL Use Only:

__________________________

Approved/ Declined

__________________________

Date of notification

Request for Observation Forms.doc