



CHILDREN'S CENTER AT USC

Children's Center at USC
Observation/Participation Application

Return to Dr. Nancy Freeman,
USC CDRC 1530 Wheat Street
nfreeman@gwm.sc.edu or (803) 777-2470 (voice) OR 777-0549 (fax)

Instructor: _____ Date of Application: _____

Instructor's Phone _____ Instructor's email _____

Course/Training Title _____

Course Number (if applicable) _____ Agency (if applicable) _____

How many students/participants? _____

An **observation** is an individual's unobtrusive participation in the classroom and their recording of facts about children's or teachers' behaviors, the learning environment, etc. **Participation** is an individual's active interaction with children during programming and/or service delivery in the Center.

The instructor must submit (or have on file) a copy of the course syllabus/training outline and the observation assignment/activity at least 2 weeks before learners begin to observe/ participate in children's classrooms.

Observations and participation are not to interfere with the children's normal and appropriate daily activities. If students will be working with individual children in service or program delivery, as they are when completing a case study, for example, they must gain consent from the child's parent(s). See attached examples.

It is imperative that all visitors ensure children's privacy by never using their names in reports or with photographs, audio or video recordings or worksamples.

1. The observers'/participants' names and last 4 digits of their SSNs. (Attach a list if necessary)
2. Indicate which (if any) observers/participants have secured SLED and/or FBI clearances. All students making repeated and/or regular visits to the Center must submit evidence of a recent **SLED Criminal Record Check**. Follow links from <http://www.sled.state.sc.us/>. Students are eligible for the \$8 reduced fee.
3. What is the purpose of this observation/participation?
4. What observation/assessment instruments or materials will be used?
5. How have observers/ participants been prepared for this experience?

Be sure to review the orientation PowerPoint available on this website.

We will be happy to schedule a visit to your class to orient your students to the Center and its program.

Help us schedule adult learners' observations/ participation:

For instructors/training leaders planning to accompany visits to the Center.

- What day and time does the class/training session meet? _____
- Will you be visiting? ONE TIME A NUMBER OF TIMES (circle one)
- What date(s) would you like to visit? _____
- What age children will you be observing? _____
- Would it be appropriate for your students to observe via video rather than in person? _____
- Do you plan for students to enter the classroom? _____
- How often will they come? _____
- How long will they stay? _____

Is there anything else we need to know to understand your expectations for using the Center?

When individual adult learners will be scheduling their own visits to the Center they must have an orientation before they begin. An orientation Powerpoint is linked to this website if you would like to conduct the orientation. Orientations can also be arranged by calling the Center at 777-7887.

How many classrooms do your students/trainees need to observe? _____

- Which age groups? _____
- How many children do your students/trainees need to work with directly? _____
 _____What ages?
 _____How many hours will they be observing/participating?
 _____ Will they need any special equipment (other than what they will bring themselves or is ordinarily available in the classroom)?

Is there anything else we need to know to understand your expectations for using the Center?

Have students complete and submit the attached [Observation Application](#) to help us schedule their visit.

BE SURE TO INFORM YOUR STUDENTS THERE IS NO STUDENT PARKING AT THE CENTER.

Prototype of Parental Consent Form for Class/ Training Assignments

This memo must be on official letterhead and completed by each adult learner who will work with an individual child.

MEMORANDUM

TO: The parent/guardian of Fiona Four-Year-Old

FROM: Your Name

RE: XXXX Project Consent

DATE: Today's Date

I am enrolled in (number/name of the course or description of training). I am required to complete a Child Study Project based on 15 hours of interaction with a young child and then apply a variety of learning theories to my first-hand experiences.

I would like your permission to focus my study on your child. In addition to observing, talking to, and playing with him/her, I may save some of his/her papers. I would also appreciate the chance to talk with you to learn more about your child's behaviors, habits, and development.

I will present my report to the class and will turn in a final version to my professor. Your child's name will not be included in this presentation or in any related materials. .

I hope you will give me permission to work with your child. Please let me know if you have any questions I can answer, or you may contact my professor/ trainer, Dr. XXXX , at 777-XXXX, email: .

Yes, _____ may focus the required Child Study Project on
(adult learner's name)

my child _____. (please print child's name)

Parent's or Guardian's Signature

Date