Request for Course Related Work (not including Research Studies)
Group Observation/Photography

GEORGIA STATE UNIVERSITY
DEPARTMENT OF EARLY CHILDHOOD EDUCATION

CHILD DEVELOPMENT PROGRAM

1. Course Information:

<table>
<thead>
<tr>
<th>Course Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor's Name/Staff Name</td>
<td>Department</td>
</tr>
<tr>
<td>Email</td>
<td>Phone</td>
</tr>
</tbody>
</table>

2. Purpose/Procedure of the Visit:

The Purpose of the Visit (Observation, practice use of instrument, conduct activity with children, etc.)

Describe in Detail Your Protocol. (i.e. 2 students will work with 1 child at table. Students will present cards and ask child to identify picture.)

3. Information about Visit:

Date and Time

Date: ____________________

Time: from ___________ to ________________
Will you schedule more than one visit?

Yes: _______    No: ______  

If yes, please specify the other dates and times you and your students would like to visit the center.  
Date:________________________ Time:________________________
Date:________________________ Time:________________________
Date:________________________ Time:________________________
Date:________________________ Time:________________________

Names of students/staff/faculty who will visit and GSU affiliation

Name:____________________ Affiliation:________________
Name:____________________ Affiliation:________________
Name:____________________ Affiliation:________________
Name:____________________ Affiliation:________________

4. Age Group Requested (Mark All That Apply):

<table>
<thead>
<tr>
<th>Suttles Child Development Center</th>
<th>Capitol Hill Child Enrichment Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants: _______</td>
<td>Infants: _______</td>
</tr>
<tr>
<td>1 year olds: _______</td>
<td>1 year olds: _______</td>
</tr>
<tr>
<td>2 year olds: _______</td>
<td>2 year olds: _______</td>
</tr>
<tr>
<td>Preschoolers: _______</td>
<td>Preschoolers: _______</td>
</tr>
<tr>
<td>Pre-K:_________</td>
<td>Pre-K:_________</td>
</tr>
</tbody>
</table>

5. Are you going to stay in the observation room _____ or want to enter the room _____?

6. Additional meeting space needed? (e.g., conference room) Yes: _____ No: ______

7. Photography:

Are you planning to photograph the children?   Yes:_____ No: ______

*(If yes, please complete below)*
Describe in detail the purpose for taking photographs of the children. (i.e., Pictures taken will be placed in a binder and..., to show during class presentation).

*Note: Photographs taken within the GSU Child Development Program may only be used for GSU course related work. _____ (Please initial here.)*

8. Materials Used:

<table>
<thead>
<tr>
<th>What materials will you bring?</th>
<th>(including name of instrument and/or assessment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What materials will you need? (Tables, books, puzzles, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

*Note: A course instructor must contact Ada Perry, CDP Resource Coordinator, to arrange your course observation two weeks prior to the visit at apery7@gsu.edu.*

Staff Use Only:

Approved _______  Denied _______

Director's Signature ___________________________ Date ____________

Reason for Denial

__________________________________________________________________