

# 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:

Course Name			
Instructor's Name/ Staff Name		Department	
Email		Phone	

### 2. Purpose/Procedure of the Visit:

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

### 3. Information about Visit:

Date and Time	<p>Date: _____</p> <p>Time: from _____ to _____</p>
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<p><b>Will you schedule more than one visit?</b></p>	<p>Yes: _____ No: _____</p> <p>If yes, please specify the other dates and times you and your students would like to visit the center.</p> <p>Date: _____ Time: _____</p> <p>Date: _____ Time: _____</p> <p>Date: _____ Time: _____</p> <p>Date: _____ Time: _____</p>
<p><b>Names of students/staff/faculty who will visit and GSU affiliation</b></p>	<p>Name: _____ Affiliation: _____</p> <p>Name: _____ Affiliation: _____</p> <p>Name: _____ Affiliation: _____</p> <p>Name: _____ Affiliation: _____</p>

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

Suttles Child Development Center	Capitol Hill Child Enrichment Center
Infants: _____	Infants: _____
1 year olds: _____	1 year olds: _____
2 year olds: _____	2 year olds: _____
Preschoolers: _____	Preschoolers: _____
Pre-K: _____	Pre-K: _____

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:

What materials will you bring?	(including name of instrument and/or assessment)
What materials will you need? (Tables, books, puzzles, etc.)	

*Note: A course instructor must contact Ada Perry, CDP Resource Coordinator, to arrange your course observation two weeks prior to the visit at [aperry7@gsu.edu](mailto:aperry7@gsu.edu).*

Staff Use Only:

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for Denial

\_\_\_\_\_