Early Childhood Laboratory (ECL)

Parent Consent for Specific Observation

As parent or guardian of ____________________________ (child’s name), I hereby give my permission to Center for Child and Family Studies (CCFS) staff and to ____________________________ (expert’s name and title), a child expert recommended by CCFS staff, to observe, videotape, and make written records of the above mentioned child while s/he is attending the program at ECL. I understand that my child’s name and other identifying information may be mentioned in these notes. I also understand that background information concerning my child may be shared with the above named expert and that any and all information contained in observations, videotapes, and notes may be shared among the above named expert and CCFS staff. All information will remain confidential and will not be shared with anyone other than CCFS staff and the above named expert.

_________________________________________  ______________________
Parent/guardian signature                        Date

_________________________________________
Relationship to child

_________________________________________
Program Coordinator or ECL Director signature  Date

I also give my consent for _______________________ (name and title) to perform the following assessment with my child: __________________________. This assessment has been explained to me and I understand its purpose and how it is administered.

_________________________________________  ______________________
Parent/guardian signature                        Date