



DEPARTMENT OF HUMAN ECOLOGY
CENTER FOR CHILD AND FAMILY STUDIES
EARLY CHILDHOOD LABORATORY
(530)752-2888
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ONE SHIELDS AVENUE
DAVIS, CALIFORNIA 95616-5270

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