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| HCC 5742 HCC Logos with Trademark July 29 (2) | Child DevelopmentDepartment of Education3214 Austin Street, Houston, TX 77004 713-718-6303 phone 713-718-6235 fax | **HigherEd_Seal-greyscale** |

**Permission Form**

**College:** Houston Community College

**Course:** TECA 1354: Child Growth and Development

**Instructor:** Linda Jones

**Instructor’s Phone:** 713-718-5583

**College Student’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dear Family Member/Guardian:

I currently attend Houston Community College. I am seeking your permission to observe your child this semester. I will observe your child for the purpose of learning more about growth, development, and behavior. I will be making written notes on my observations, and then writing them into a report to submit to my instructor. All observations will identify the child by initials or an anonymous designation to guard the child’s identification and to maintain confidentiality. My observations will be for practice only, not for any other purpose, and the only person who will see them is my instructor.

Please complete and sign the portion below to indicate your permission for me to include your child in my case study work.

Thank you!

**Permission to Observe**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Age: \_\_\_\_\_\_\_\_

Parent/Guardian’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child’s participation as described above.

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Signature Phone Number Date