 **CALIFORNIA STATE UNIVERSITY SAN MARCOS**

 **San Marcos, California 92096-0001**

**CSUSM Center for Children and Families (CCF)**

 **Faculty observation Request Form (Level I)**

Students may observe the children at the Center during the hours from 8:30-11:30 a.m. Instructors must accompany students; however, graduate students may come in place of instructors. Students must first watch the observation video (available on the CCF website) and read and sign the student requirements form. Students must bring the form with them on the day of observation—failure to do so will disallow observation.

Level I indicates the students must observe through the one-way windows; no students will be allowed in the children’s classrooms or on the playground. Student must abide by the requirements as outlined on the sheet they each must sign. No photos or recordings of the children will be allowed.

Instructor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class name and number (e.g., PSYC 331) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of students \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester and year requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time(s) requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be accompanying your students? Yes No (circle one)

 If no, who will be accompanying them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be needing the multipurpose room? No Yes (circle one)

 If yes, fill out the room request form available on the CCF website.

Instructor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

Authorized signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTORS, return this form via campus mail to

Dr. Kim Pulvers, University Liaison to the Center for Children and Families

c/o Department of Psychology