



OBSERVATION CONSENT

NORTH SHORE SUPPORTED CHILD DEVELOPMENT PROGRAM (NSSCDP) requires written consent from the parent or guardian

In order for the Consultant to:

- Observe your child in the childcare program
- Assist the childcare staff in identifying program goals and in developing appropriate program strategies for your child
- Share program strategies with the childcare providers regarding your child

Please complete the following information and return it to the childcare centre. It will be given to the consultant prior to her observation of your child. The NSSCDP Consultant will contact the family following the observation to review the information and follow-up as necessary.

FAMILY AND CHILD INFORMATION:

Child's Name:	Male	Female	Date of Birth:
Home Address:	Postal Code:		Phone Number:
Parent / Guardian:	Relationship:		Phone Number
Home Address:	Postal Code:		Email Address
Parent / Guardian:	Relationship:		Phone Number:
Home Address:	Postal Code:		Email address

CHILD CARE INFORMATION:

Current Setting/Arrangement: _____

Address: _____ Telephone: _____

Days in attendance: _____ Contact: _____

Reason for Request for Observation: _____

Please sign below to indicate your consent for this initial observation. Should any other activities from NSSCDP be required we will discuss this with you and provide other consent forms needed.

Parent/Guardian Signature _____

Date _____

Caregiver Signature _____

Date _____

NSSCDP USE ONLY Date Received _____ SCDP Consultant _____

Date of First Observation _____ Follow-up _____