



**North Shore  
Neighbourhood  
House**

supported child development program

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### 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 child care program
- Assist the child care staff in identifying program goals and in developing appropriate program strategies for your child;
- Share program strategies with the child care providers regarding your child

Please complete the following information and return it to the child care 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:

<b>Child's Name:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Home Address:	Postal Code:	Phone Number:
<b>Parent / Guardian:</b>	Relationship:	Phone Number
Home Address:	Postal Code:	
<b>Parent / Guardian:</b>	Relationship:	Phone Number:
Home Address:	Postal Code:	

#### 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

<b>NSSCDP USE ONLY</b> Date Received _____	SCDP Consultant _____
Date of First Observation _____	Follow-up _____