

VIVIAN OLUM CHILD DEVELOPMENT CENTER STUDENT INFORMATION FORM



Name: _____
 Date: _____
 Phone #: _____
 Email: _____

Reason for contacting (Check all that apply): **Practicum** **Observation** **Volunteer** **FHS**

UO Student ID: _____ LCC ID: _____ Do you have a College of Ed Badge? **YES/NO**

(if applicable) Course Name and Number: _____ Professor: _____

Course assignment/participation goal: _____

Preferred age group: Infants Young Toddlers Older Toddlers
 Preschool PreKindergarten Kindergarten/School Age

Length of Commitment:

One Time Observation: Preferred Date: _____ length of observation: _____
 Weekly: Dates _____ to _____ Term: _____
 Other: _____

Preferred schedule: **How many hours per week do you want?** _____

Monday	Tuesday	Wednesday	Thursday	Friday

For Official Use

Days and Times Assigned: _____

Date(s): _____ to _____ Classroom: _____ Criminal Check Type _____

Initial when complete:
 ___ confirmation w/student ___ confirmation w/ teacher ___ crim ck ___ additional pprwork ___ Food Handler