

EMU Children's Institute

(Please print legibly)

I am requesting observation time for: (please check one)

- Classroom Observation
- Assessment (additional form required)
- Reading
- Volunteer

Date _____

Student Name _____

Cell Phone () _____

E-mail Address _____

Course Title & Number _____

Professor _____

Total Time Requested _____ Ages Needed _____

Assignment _____

Available Days & Times:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Screening and Confidentiality form MUST be completed.

You can expect a response within one week from the date of request.

FOR OFFICE USE ONLY

Parent approval required ____ Yes ____ No Classroom _____

Scheduled Date and Time _____

Staff Initials _____ Date _____

Procedure for Screening Applications for Prior Criminal Convictions And Abuse and/or Neglect of Children

As a part of The Children's Institute screening process you will be asked to sign this statement granting us permission to obtain a criminal background clearance. By signing this statement you will also be certifying that you have never been convicted of offenses other than minor traffic violations nor had any history of abuse and/or neglect convictions of children and/or adults.

"I hereby certify in good faith that a case of abuse and/or neglect has not been substantiated against me nor have I been named the respondent in any petition which is pending for child abuse and/or neglect in either the juvenile or in criminal court of a misdemeanor and/or felony charge. I also certify that I have not been convicted of a misdemeanor and/or felony nor are there any misdemeanor and/or felony charges pending against me. I understand that by falsely signing this certificate or if subsequent to my employment/placement/observation a case of abuse or neglect is substantiated against me or I am charged in a criminal court for abuse and/or neglect that I will be subject to discharge from the Children's Institute."

Abuse and neglect of children is against the law. The Children's Institute has a zero tolerance policy to child abuse and neglect. You are required by law to immediately report suspected abuse and neglect to the Child Protective Services.

Date of Birth

Print Name

Signature

Date

Children's Institute Confidentiality Agreement

1. Any information on a child or family overheard or discussed on the phone, in the classroom or offices of the Children's Institute may not be released to the general public or to other families within the Children's Institute. Our families' privacy should be treated with the highest respect and confidentiality.
2. Professional Staff or designated student employees are the only ones permitted to discuss a child's behavior and/or development with the child's family. Professional Staff are also the only ones permitted to discuss Children's Institute policies and procedures with Institute families.

"I certify that I have read and understand the Children's Institute Confidentiality Agreement. I understand that if I violate any of the conditions of this agreement I will be subject to immediate termination of my placement with the Children's Institute."

Print Name

Signature

Date

EMU Children's Institute
Permission to work with your child

Hello, my name is _____ . I am a student here at Eastern. I am currently taking _____ with Dr. _____ .
(Class name and number)

I would like to work with your child:

Parent/Guardian's name _____

Your child's name _____

I will allow you to work with my child in the area that you specified above.

(Signature)

(Date)