**Observation Consent Form**

Dear Parent/caregiver

My name is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , I am studying the Certificate in Early Childhood

Education (Level 4) at NZMA.

I would like to observe your child as part of an assessment task for my programme.

Your child’s identity will be protected and only their first name will be used. At no time during our class discussions or in my written report will your child’s full name be used.

Please sign this form if you are willing to let me observe, use the observation to inform my learning plan and take photos of your child. Please return the signed consent form to the centre. If you wish to receive a copy of the observations and photos, please provide a contact email address.

Thank you.

Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent/Guardian to complete**

I give permission for my child to be, please tick the following where you give consent:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Observed |  |  |
| Involved in the planned learning opportunity |  |  |
| Photographed |  |  |
|  |  |  |

by the following NZMA student:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that to ensure my child’s privacy is protected the information gathered at this time will

only be sighted by the student and the tutor at NZMA and used for learning and assessment

purposes only.

Child’s first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_