



**Child Development Department**  
3401 Webberville Road  
Austin, Texas 78702  
512-223-5201 (phone)  
512-223-5219 (fax)

**Confirmation of Agreement for Austin Community College  
Student Observation**

I agree to permit \_\_\_\_\_ to complete his or her  
*(Student's Name)*  
field experiences at the Child Care Center noted below.

I have read the attached Information Letter and understand the expectations discussed.

Director: \_\_\_\_\_

Center: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The above student, noted will complete the required field experiences in the  
\_\_\_\_\_ classroom.

Scheduled Days/Times: \_\_\_\_\_

Supervising Teacher: \_\_\_\_\_

---

Director Signature

Date

Please return to student to turn in to their instructor.