

REQUEST FOR USE OF THE
EARLY LEARNING CENTER FOR RESEARCH & PRACTICE

_____ Name	_____ Date
_____ Address	_____ Phone

We appreciate your interest in the Early Learning Center. By taking the time to complete this form, you are helping us effectively coordinate the services the ELC has to offer, and improve the communication between the staff and faculty, students, and the community. Please include as much information as possible and assist us by completing the form at least two weeks prior to your need for use of the childcare facilities.

Return this form with you name and telephone number to:

Early Learning Center for Research & Practice
College of Education, Health & Human Sciences
The University of Tennessee
1206 White Avenue
Knoxville, TN 37996-1900
(865) 974-0843

1. Nature of Request

- _____ Student observation from booth *Please submit a list of student names.
Number of Students _____ Course Number _____

- _____ Student participation with child in the classroom **Please meet with
the Director to schedule students and discuss goals for student
participation.
Number of Students _____ Course Number _____

- _____ Tour of Facilities (number in group _____)

- _____ Special Project

- _____ Staff speaking to class

- _____ Research project

- _____ Other (Please describe)

2. Semester services are needed:

Fall _____ Spring _____ Summer _____

3. Purpose

4. **Will this project involve the children?** _____ Yes _____ No
If yes, in what way?

5. **Will this project involve the staff?** _____ Yes _____ No
If yes, in what way?

6. **Will this project involve the facilities?** _____ Yes _____ No
If yes, in what way?

7. **Please estimate how much time this project will involve.**
_____ # of hours per student _____ total # of hours

8. This project will involve:	<u>Total Group</u>	<u>Individuals (Specify #)</u>
<u>Early Learning Center at White Avenue</u>		
Three-Year-old room _____	_____	_____
Four-Year-old room _____	_____	_____
Mixed Age room (3-5) _____	_____	_____
<u>Early Learning Center at Laurel</u>		
Infant room _____	_____	_____
Toddler 1's _____	_____	_____
Toddler 2's _____	_____	_____
<u>Early Learning Center at Golf Range</u>		
Young Toddlers _____	_____	_____
Older Toddlers _____	_____	_____

9. **Please give dates and approximate time of planned use of facilities or staff involvement:**

10. **Would you like for a staff member to come by and speak to your class about the childcare programs before their project begins?**

_____ Yes _____ No

Date _____ Time _____ Place _____