Parent Letter of Understanding

Child(ren)’s Name(s): __________________________________________________________

Dear Parents:

Please read carefully and sign below: (One copy should be kept for your records.)

I understand that one element of the mission of the Early Childhood Research Center is to engage in child study, the preparation of educational and therapeutic professionals, and related research. These functions are reflected in special activities, which influence the children’s services. While priority is given to providing excellent educational services for children, some special activities lead to changes in our routine. Administration and teachers will make every effort to ensure that such activities benefit the children.

I acknowledge that children and services are observed and recorded for educational, research, promotion of the ECRC and professional presentation purposes and I authorize this for my child. Observation occurs directly in the classroom, through one-way mirrors, and through video cameras mounted throughout the Center accessible via the internet. I recognize that such observation is also available for use by ECRC family members.

I acknowledge that research projects are conducted at the Center each semester. Documentation, which identifies their purpose and nature, are maintained at the Center and are available for the parents’ examination. Projects classified as research involving human subjects will have obtained written approval from an official University at Buffalo Human Subjects Research Review Committee, which screens proposals for the protection of subjects. These are examined by the Center Director or Assistant Director and discussed with the teaching staff. Research projects collecting data that do not reveal a child’s identification by the use of codes are conducted on an on-going basis. All research projects that collect data with identifying information on individual children, involve tasks outside of those typically completed during our educational activities, use photographs or videotape, or involve activities outside the Center’s suite require an individual informed consent from the child’s parent. You are free to decline participation of your child in these activities. No activity will be permitted which might place the child at risk or compromise their confidentiality.

I understand that students preparing to be educators or other therapeutic professionals complete observations or other activities each semester at the ECRC. Activities are brief and supervised directly by teachers. Such projects will be screened by the Center Director or Assistant Director and discussed with the teaching staff prior to implementation by the student. Documentation is completed verifying the purpose and nature of each of these activities as well. Parents may observe all such projects and are free to withdraw their child from participation in individual or small group activities at any time.

I understand that developmental information about the children is gathered routinely to monitor progress, plan appropriate educational activities, and for professional preparation and research purposes. Assessments completed
for research or professional preparation purposes will not include the child’s identifying information. Confidentiality will be maintained on all documentation that identifies individual children. Information gathered includes, but is not limited to, background information, interviews, classroom observations, and standardized test data.

I understand that photographs and videotapes are taken consistently during classroom activities by ECRC staff, parents, and students. Such situations, which are documented by photos or video, may include party celebrations, learning activities, and documentation or evaluation of the children’s progress. Photographs and video are also taken for research, publications, promotion of the program and/or educational preparation. We go to great lengths to prevent unauthorized photography of your child.

I am aware that my child will engage in physical, social, educational and creative activities within the ECRC. I will notify the Center of any condition or situation, which might prevent his/her full participation. My child will be physically able to participate in the active program at the ECRC each day they attend. I will dress my child in attire that is comfortable. They will be prepared to play outside each day, as well as engage in messy activities that may soil their clothing. While we try to keep all art materials washable, and encourage the children to wear smocks, accidents occur.

As their first teacher, I understand that I am an integral part of my child’s education. I acknowledge that on-going and open communication with the ECRC staff is essential to ensure the highest quality experience for my child. I am committed to offering my comments consistently.

I authorize my child to participate in the Early Childhood Research Center, acknowledging all issues stated in the Parent Letter of Understanding.

________________________________  __________________________________
Parent’s/Guardian’s Signature       Date

________________________________
Parent’s/Guardian’s Name (please print)

(Rev. 4/13)