



Student Information for Classroom Observations & Service Learning

Name: _____ Today's Date: _____

High School College Name of School: _____

Program of Studies: _____ Anticipated Graduation Date: _____

Teacher's Name: _____ Contact: _____

Personal Information

Contact Number: _____ Email: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Work: _____ Cell: _____

Please briefly describe your goals for observing or working in the classroom and the center:

What are your expectations of spending time at Easterseals?

I certify that I am visiting Easterseals Northeast Central Florida for training, observational and/or educational purposes. I understand I may be exposed to protected health information, as that term is defined and used in Easterseals Northeast Central Florida's policies and in the federal FERPA and HIPAA privacy regulations and other information deemed to be confidential by other laws. Protected education and health information is information about a person's education, health or treatment that identifies the person. I pledge and agree not to use and disclose any of this protected education and health information, and any other confidential information.

Printed Name

Date

Signature

Dates Attended:

Classroom/Teacher:

