# Site Participation Agreement

You are receiving this form because a participant enrolled in the **Institution Program name** is participating in a field experience at your site. We are very grateful that you are extending this opportunity to one of our participants so they can practice applying what they are learning with educators and young children as well as to provide a valuable service in your early learning setting.

My name is **Instructor Name** and I am the **Instructor Position**. I would like to briefly explain what the student is required to complete to receive credit. I am also asking for your signature indicating you have read this brief overview and that you agree to let the student complete their coursework in a classroom at your early childhood program.

## Overview

This program is designed to increase the participants’ knowledge about the importance of high-quality early childhood education, and the specific types of interactions that support the development of children’s social-emotional, cognitive, and early academic skills. A combination of lectures, video-based situation studies, application assignments, and readings will help participants transfer their learning to real early care and education settings and situations, such as your early childhood center.

## By the end of this program, the participant will be able to:

1. Read and evaluate research.
2. Demonstrate knowledge and skill to apply, translate, and expand upon research findings to solve practical issues in early childhood applied settings.
3. Engage in process of impacting social policy and advocacy demonstrating an awareness of the assets and needs of communities.
4. Demonstrate ethical and socially responsible professional characteristics and practices that demonstrate a strong professional identity.
5. Discuss, apply, and teach the skills, routines, and daily habits of becoming a resilient professional.

## Program requirements in the field-experience setting:

1. Implement coaching strategies discussed throughout the duration of the course with educators and the children in their classroom, as required by class assignments.
2. During time spent in the field, the participant needs to occasionally video record him or herself interacting with an individual or small group of children. The types of interactions within the classroom that may need to be video recorded are early childhood activities that include activities such as:
	1. Engaging interactions
	2. Establishing an emotional connection
	3. Following children’s lead
	4. Fostering positive classroom behavior
	5. Providing schedules and routines
	6. Facilitating Interest in learning
3. Participants may wish to re-record an interaction they want to improve throughout the quarter.

Separate Media Release forms are provided to obtain permission from educators and children’s parents/guardians for video recording purposes. Participants may wish to re-record an interaction they want to improve throughout the quarter.

If you have any further questions or have any concerns throughout the year, please do not hesitate to contact me at **Instructor Email or by phone at Instructor’s Phone Number**

Please sign and date this letter to indicate you have read about the participant’s commitments in this program during this academic year and that you received my contact information.

Name of Student (Please Print Clearly)

Director Signature Date Printed name and Email

Teacher Signature Date Printed name and Email