**Upshur Human Resources, Inc.** Buckhannon A------------304-472-5800

***Head Start*** Buckhannon B------------304-472-3201

**8 Cleveland Avenue** Hinkle Drive 1A-----------304-472-7727

**Buckhannon, WV 26201** Hinkle Drive 1B-----------304-472-2089

**304-472-2014** Hinkle Drive 2A-----------304-471-2002

**Fax: 304-472-2012** Hinkle Drive 2B-----------304-472-9541

Hinkle Drive 2C-----------304-472-9542

Tennerton 1A-------------304-472-2050

**OBSERVATION PERMISSION FORM** Tennerton 1B-------------304-472-2194

Rock Cave E---------------304-924-6808

Name of child: DOB:

Address:

Telephone: (home)

 (work)

 (cell)

Center child attends: Teacher:

Center operates Monday through Thursday between the hours of

**I request and give permission for observation of my child by Upshur County Schools personnel. This observation will take place during my child’s regular Head Start day. Observations may occur more than once and the information will be shared with me, as well as Head Start staff. I give permission for information sharing between Upshur County Schools and Upshur Head Start personnel.**

Parent/Guardian: Date:

Contact Person: Kay Bailey, Disabilities/Mental Health Coordinator

Date of Referral: