

Parent Permission Form

In order to assure that [name of program] is of high quality and has a positive impact on your child(ren), [name of program or organization] engages in ongoing evaluation and quality improvement efforts. Therefore, your child will be asked to fill out surveys at the beginning and end of each program cycle. All data obtained from your child will be kept confidential and will be used by staff to increase the quality of the program. Data are gathered and analyzed through a web-based software – Algorhythm’s Youth Development Impact Learning System (YD iLearning System). Your child will be assigned a unique numeric identifier and his/her name will not be associated with data. Data within this system are kept confidential in a secure database. Algorhythm’s YD iLearning System will never use your child’s name for any reason and all data analyzed through this system will highlight combined or group results. Staff within the [program name] will have access to the data so that they can continue to improve the program and support your child’s individual needs. Participation is completely voluntary. You have the right to terminate your child’s participation at anytime or refuse to participate entirely without jeopardy to your status in the program. If you do not want your child to participate, please contact [insert program administrators name and contact information].

I have read and understand this consent form and I agree to allow my child(ren) to participate in filling out surveys within this program. I have also been provided a signed copy of this form.

[Parent/Guardian Signature] _____ [Date] _____

[Parent/Guardian Name Printed] _____

[Child 1 First, Middle, & Last Name Printed] _____

[Child 2 First, Middle, & Last Name Printed] _____

[Child 3 First, Middle, & Last Name Printed] _____