

Parent Permission Form

Overview

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. These surveys measure the impact of the program on your child's development and captures your child's experiences within the program, allowing us to make critical improvements to meet his/her needs.

Risk/Discomforts

The surveys take about 20 minutes to fill out and will occur during program hours. Risks are minimal to none for involvement in this study. However, your child may feel emotionally uneasy when asked to make judgments about him/herself and the program.

Benefits

Your child will become more reflective about his/her skills and behaviors. Reflection is a key developmental skill that has been shown to lead to a wide-range of benefits for young people. Additionally, as the program staff learn more about your child's interests and experiences in the program they will be able to tailor activities to meet his/her needs.

Confidentiality

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

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]

Questions About The Surveys

If you have questions regarding this process or the surveys themselves, you may contact [insert name and contact information for program administrator].

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

[Parent/Guardian Signature] _____ [Date] _____

[Parent/Guardian Name Printed] _____

[Child's First, Middle, & Last Name Printed] _____