
Active Parental Consent for Student Data Evaluation

Active Consent Notice

Student Data and Evaluation Consent

In order to understand how well the program improves students’ interest in Science, Technology, Engineering and Mathematics, students will be asked to complete two surveys while in the program. The surveys will take place at the start of the program and at the end of the program. These surveys should take no more than 20 minutes to complete. What we learn from your child’s experience in the program will help us improve this program’s learning opportunities for future students.

Your child will not be able to be identified, in any way, from the surveys. Participating in the completion of the surveys will not affect your child in school, or in any other way. Your name or your child’s name will not be used in any report. When the evaluation is over, all records will be destroyed. Participation in completing the surveys is completely voluntary. Your child can participate in the program without completing the surveys. Your child may stop completing the survey at any time without affecting her/his participation in the program.

By signing below, I am giving my permission for my child(ren) to participate in the evaluation of the program.

Signature of Parent/Person in Relation/Guardian: ________________________________

I give my child permission to complete surveys for the 21st CCLC Phase 4: NASA Engineering Design Challenges program.
Yes _____
No _____

Name of Child: ________________________________________________________________

I understand that my child can participate in the program without completing the surveys for the program.
Yes _____
No _____

Name of Parent/Person in Relation/Guardian: ________________________________________
I consent to the survey collecting information on my child(ren)’s racial/ethnic group, gender, and grade level.
Yes _____
No _____

I consent for my child and me, to participate in surveys to evaluate the program.
Yes _____
No _____

If at any time I change my mind about my child’s participation (any or all aspects), I will contact the site coordinator.
Yes _____
No _____

Date: ____________________  Time: _____________________________________

Site Name: _______________________________________________________________________

State Name: _____________________________________________________________________

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