

Parent Permission Form

Title: Evaluation of the 21st Century Community Learning Center Program

Principle Investigator: Sheryl Gowen

Sponsor: Georgia Department of Education

Your child is being asked to volunteer to participate in a study for the evaluation of after school programs. For this study, your child will answer questions about his or her attitudes about school and learning. The purpose of the questions is to find out about how the after school program affects your child. The study will help to improve the after school programs across Georgia that are funded by the 21st Century Community Learning Centers grants. Your child's responses will also help the Program Director of this after school program make decisions that will improve this program. Your child is one of several thousand children asked to volunteer.

Your child will participate by filling out two surveys, one in the fall and one in the spring. The survey will take 10 to 20 minutes to complete. The survey will take place during the after school program. It will be administered by after school staff. There are no known risks to taking this survey. There is no reason to believe that the interviews will cause discomfort for your child.

Taking the survey is voluntary. You have the right to refuse to let your child answer the questions. If you decide to let your child participate and then change your mind, you have the right to take your child out of the study. To take your child out of the study, you can call one of the phone numbers listed below. You could also write a note to be turned in to the researcher. Your child can choose to not take the survey. Your child can choose to not answer any question on the survey. Whatever you and your child decide about taking part in this study, your child will not lose any benefits that would otherwise be given to him or her.

Your child's records will be kept private to the extent allowed by law. All data will be stored on a password-protected computer disk. Your child's name and other facts that might identify your child will not appear when this study is presented and/or published. Your child's name and responses will be shared with the Program Director of this after school program and, potentially, with other after school staff.

You may call Sheryl Gowen at 404-651-2582 if you have any questions about this study. If you have questions or concerns about your child's rights in this study, you may contact the Institutional Review Board (IRB), which oversees the protection of human research participants. Susan Vogtner, in the Office of Research Integrity, can be reached at 404-463-0674 or at svogtner@gsu.edu. We will give you a copy of this consent form to keep.

I have read the description of the study, and I grant permission for my child to participate.

_____ Yes

_____ No

Child's Legal Name

Date

Parent/Guardian/Legally Authorized Representative Signature

Date