

2017-2018 Evaluation of West Virginia’s 21st Century Community Learning Center Program

Parent/Guardian Denial of Consent

I understand that the afterschool program my child will attend will be evaluated and monitored by the West Virginia Department of Education (WVDE). The purpose is to find out how well the program is working. Later this school year, we would like to ask your child’s teacher about progress your child has made. Also, your child will be asked to participate in two brief surveys, one in the fall and one in the spring, to give us feedback about the program and to discover if he/she has grown in confidence during the school year. Any information we would gather would be protected and your child would never be identified. The information provided would be combined with information from others, and reported as a group. If you would like to see a copy of the surveys, just let staff at your child’s afterschool program know.

Allowing your child to take part in this study in the way just described will put your child at no more risk than he or she would experience during any normal day. Although your child may not benefit directly by being part of the study, it is possible that because of what we learn, the program may improve to better meet his or her needs or the needs of other students.

Neither you nor your child will receive any money or other reward for taking part in this study. Allowing your child to be part of the study is completely voluntary. If you decide not to allow your child to be part of it, there will be no penalties or loss of benefits to you or your child.

To allow us to include your child in the evaluation there is no action you need to take. Thank you!

If you do NOT want your child to be part of the study, just check off the box, fill in the information, and return this form to the afterschool program coordinator.

☐ Do NOT include my child in the evaluation study.

Child’s name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of afterschool program: (to be filled in by program staff): **Step by Step, Inc. (West Virginia Dreamers)**

For more information about the education program we are studying, you may contact Josh Asbury (304-872-6440, jmasbury@k12.wv.us) or Benitez Jackson (304-256-4712; bljackso@k12.wv.us). If you have questions about this evaluation study, you may contact Patricia Hammer (304-558-2546; phammer@k12.wv.us). This study has been reviewed and approved by the West Virginia Department of Education Institutional Review Board (IRB-WVDE-041)). If you want to know more about the review of this study, you may contact the WVDE IRB cochair, Amber Stohr (astohr.k12.wv.us).

Parents: Keep a copy of this form for your records.



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| **STUDENT REGISTRATION FORM** |

Child’s Name (First, MI, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lunch Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

School: KCE / HMMS Math or English Teachers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have an IEP or 504? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child receive free or reduced lunch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child be (circle one of the following) : BUS RIDER PICK UP WALKER

Does your child have any allergies or other pertinent medical information the afterschool program needs to be made aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (Zip Code)

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (Zip Code)

Daytime Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Home 🞎 Work 🞎 Cell

Evening Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Home 🞎 Work 🞎 Cell

🞎 Yes, I would like to receive information about volunteer opportunities.

**If parent/guardian cannot be reached, please notify**: Please list **ALL** persons (first and last names) authorized to pick your child (other than the parent/guardian) up from afterschool in the space below. In the event that you do not wish to give anyone else permission at this time, please write “NONE”.

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Liability Release**

I understand and acknowledge that participation in the West Virginia Dreamers Afterschool Program is completely voluntary. I understand and acknowledge that such participation may pose the potential risk of injury or illness to my child(ren). I agree to assume full responsibility and liability for any and all potential risks which may be associated with my child(ren)’s participation in program activities. I further agree that Step by Step, Inc., it agents and employees shall not be liable for any injury or illness suffered by my child(ren) which is incident to and/or associated with participation in the afterschool program.

**Emergency Treatment Authorization**

I authorize Step by Step, Inc., its agents and employees to take appropriate action to ensure the safety and welfare of my child in the case of an accident, injury or illness. In the event that I cannot be reached to provide specific instructions for the care of my child, consent is given to any licensed physician to render treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of my child’s health and well-being. I understand that any cost incurred for treatment in such cases shall be paid by me.

-OR-

* I do NOT give Step by Step permission to seek emergency treatment for my child

**EVALUATION CONSENT & STUDENT DATA RELEASE**

I understand and acknowledge that throughout the program year Step by Step, Inc., its agents and employees will administer screenings, conduct evaluations, and access student achievement data related to my child(ren) in order to determine overall performance and change from year to year. I understand and acknowledge that information collected for evaluation purposes will be held in strictest confidence. My child(ren) has permission to take part in screenings, surveys, and other evaluation processes conducted by Step by Step, its agents and employees. Step By Step, its agents and employees have permission to gather any relevant information from Kanawha, Lincoln and/or Logan County Schools as pertains to my child(ren). I understand that all information will remain confidential and my child(ren) will not be identified individually in any public reports. By signing this permission form I give authorization for the collection of information.

-OR-

🞎 I do NOT give permission for my child(ren) to participate in the evaluation processes described above.

**MEDIA RELEASE**

I hereby consent to the participation of my child(ren) in interviews, the use of quotes, and the taking of photographs, movies, audio recordings, and video tapes by Step by Step, Inc., its agents and employees. I also grant Step by Step, Inc., its agents and employees the right to edit, use, and reuse said products for educational, promotional, and/or marketing purposes including use in print, on the internet, and all other forms of media. I hereby release Step by Step, Inc., its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

-OR-

🞎 I do NOT give permission for my child(ren) to participate in the media activities described above.

**Afterschool Policies and Procedures**

**Hours:**

**Behavior Policy:** West Virginia Dreamers is project under Step by Step that believes in respect for one another. We will always speak to your child with respect even when we need to provide discipline. Should there be a problem, your child will be given two verbal warnings to correct a behavior. There will also be a quiet time of reflection to review the incident. We will work hard with you and your child to ensure their success, but respect and kindness is imperative. Should we be experiencing any behavior problems you will be advised. If the problem continues to be ongoing or worsens, you and your child will need to consult the Kanawha County Coordinator Cassidy Bailey for a plan of action.

**Accidents/Illness/Emergency**: When a child becomes ill or is injured during the afterschool program, the parent/guardian will be contacted immediately. If the parent cannot be reached our staff will adhere to the emergency contact information on your child's registration form. Please notify us immediately if changes occur in addresses, phone numbers or emergency contacts for your family. Should we not be able to reach anyone, we will call 911 for transport to needed medical facilities.

**Releasing a child:** When a child is released, an authorized person must sign the child out on our sign out sheet. Children will not be release to someone who is not listed on their allowed pick up forms. If your child is going home with another student or their form of transportation has changed a signed note is required with phone verification form the parent/guardian.

**Late Pick-ups:** The afterschool program operates during the listed times Monday thru Thursday. If you will be late picking up your child(ren) please call and notify your program immediately. Should you run late regularly we will need to discuss an alternate plan of action.

**Complaints:** Should you have a complaint against our program, please talk to anyone on staff and they will direct you to the Area Coordinator or Director. We always want to know if a parent is dissatisfied so we can remedy the situation for you.

**Contact us**

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| Step by Step, Inc. | 304-414-4452 |
| Office Hours: 9:00-3:00  Physical Address:  415 Dickinson Street  Charleston, WV 25301 | Mailing Address:  Step by Step, Inc.  P.O. Box 11440  Charleston, WV 25339-1440 |

**By signing below,** I acknowledge that I understand and agree with the information provided within this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**By signing below,** I acknowledge that I understand and agree to follow the afterschool program policies and procedures.

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Student’s Signature Date