

**Parental/Guardian Permission for  
Student Participation in Evaluation Project**

**Dear Parent or Guardian:**

We are asking your permission for your child (or children) to be part of a student questionnaire and possible group interview on a special leadership development project that is being sponsored by an organization called ASPIRA. We are evaluating the success of the leadership program being sponsored with funds from the Federal Government and administered by the ASPIRA Association.

We are trying to determine the success of programs like this with students at the middle school and high schools. Your child (or children) may or may not have been a participant of the program. If your child has participated in the program, we would like to ask questions about the program and how he/she liked it. Our aim is to obtain responses from students about how students liked the program and what it meant to them. It is helpful for us to get their opinions. This information will help us gain knowledge about what is working well with the curriculum and how. In this manner, we can improve the program for other students in the future.

If your child (or children) has (or have) not participated in the program, then we would like to ask about their interest in participating and if programs of this type would be of interest.

Your child's participation in the evaluation is voluntary. Your decision about whether or not your child (or children) should participate will not affect you or your child's relationship with the school in any way. Please note that if you and your child decides not to participate, your child can withdraw at any time with no consequences.

We ask that you read this form and decide if your child (or children) can participate.

**Why is this evaluation being conducted?**

This evaluation is being conducted to help us gauge the effectiveness of the ASPIRA leadership development program. It is important for the researchers to hear directly from students about their experiences with the program. We will also interview school leaders, staff, parents and community members about the quality and effectiveness of the program.

### **What procedures are involved?**

From among students who return signed permission forms, the study will conduct a questionnaire and possibly a group interview. Note that not only some of the students that take the questionnaire will participate in the group interview. This will occur during the school year. It may also occur the next year as a follow-up to this study.

The questionnaire will take about 15 minutes to administer and it may take about an hour to conduct the group interviews. These will likely not occur on the same day. Students will be asked questions about their experiences in the leadership program and other related school programs and about their attitudes toward school and each other. No personal information will be collected. We will not document information that is associated with a student name.

### **Are there potential risks and discomforts for your child?**

Risks to students in this study are extremely low. The survey will ask students to provide their thoughts about the program or programs of this type. The group interview will ask about their experiences with the curriculum, including what they think they have learned. The questionnaire is anonymous. Students will not put their names on the questionnaire. While all questions have been carefully screened, if students still feel uncomfortable answering particular questions, they can leave responses in blank.

In the group interview, students don't have to say anything that they feel is uncomfortable. They also don't have to worry about saying the "wrong thing." In addition, the group process will be administered by researchers who are trained to help students listen respectfully to each others' opinions. The researchers will listen carefully and make sure that your child is comfortable.

Participants will be asked not to discuss what other participants say during the group interview with their classmates. Participants will also be invited to talk to the interviewers privately if they wish to discuss experiences that they do not want to share in front of other students.

### **What about your child's privacy and confidentiality?**

No information about your child (or children) will be disclosed to anyone outside the research process. Student names will not be required for them to take the questionnaire. The research staff will maintain your child's confidentiality by not revealing his/her name through any identifying material or data.

For example, when the results of the research are published or discussed in conferences, no information will be included that can reveal your child's identity in any way. Your child's school records will not be available to the researcher by name of student. Any written transcripts or summaries of personal information will be stored at the ASPIRA offices in a locked file drawer and through a secure computer network that is password protected. Also, no names will be tied to any of the information collected. All information will remain anonymous, not traceable to the student's name.

### **Can your child withdraw from or be removed from the study?**

You and your child (or children) can choose to be in this study or not. If your child volunteers to be in this study, he/she may withdraw at any time without consequences of any kind. Your child may also refuse to answer any questions he/she does not want to answer and still remain in the study. The researchers may remove your child from

the group interview if their behavior is disruptive or if they show signs of significant discomfort. This rarely happens.

**Who should I contact if I have questions?**

If you or your child (or children) have questions that are not addressed by this consent form, please contact Abdin Noboa, Ph.D., or Cely Argueta at Innovative Consultants International, Inc. in Washington, D.C. (202) 380-3091. Both will be available to discuss any issue you may need to raise.

**What are my rights as a research subject?**

If you or your child (or children) have any questions about the rights of being a research participant, you may call the local ASPIRA office or the telephone number provided above.

**Permission for Child to Participate in a Group Interview**

If you agree to allow your child to participate in this evaluation, please sign and print your name on the line provided for “parent or guardian” and fill in the date you sign.

Please have your child return the signed form to his/her school and to the attention of the ASPIRA representative. The school will inform your child about the time and location of the questionnaire and/or group interview.

PARENT OR GUARDIAN SIGNATURE: I agree to allow my child to participate in this evaluation. I understand that my child may elect not to participate in the survey questionnaire or the group interview after I have granted this permission. I understand that my child will return a copy of this signature page to the school by 2009.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date form signed by parent or guardian

*DEAR PARENT OR GUARDIAN: PLEASE SIGN PAGE.*

\_\_\_\_\_  
Printed name of parent or guardian

\_\_\_\_\_  
Best daytime phone number to reach you

**Please return to your child’s school by not later than \_\_\_\_\_, 2009.**