

Youth Skills and Beliefs Survey

INFORMATION PAGE & WITHDRAWAL FORM

Dear Parent or Guardian,

Your child is currently participating in an after-school program focused on helping him/her succeed in school. The Office of the Superintendent of Public Instruction (OSPI), in partnership with the American Institutes for Research (AIR) is conducting a study of the effectiveness of this program and others like it by asking youth to take a survey about their experiences in the program, and about their own skills and beliefs. The survey will ask your child questions about what he/she is like as a learner, how he/she feels about school, and his/her plans for the future. It is intended for youth in grades 4-12. The survey responses will be combined with information about your child's program attendance and other school data. This will help us to understand if programs like the one your child is attending are helping youth to improve their skills both in and out of school.

We are asking your permission for your child to take the survey described above. The survey will be administered between April 1 and May 31, 2019 and should take less than 30 minutes.

Participation in the survey is voluntary. If you choose not to have your child participate, there will be no penalty (e.g., it will not affect your child's enrollment in the program or your child's grades in school). If you **do not want your child to complete the survey**, please complete the form on the other side of this letter and return to the staff at your child's after-school program. Even if you do not return the attached withdrawal form, your child can still decide not to participate at any time.

We assure you that *all of the information we collect will be kept strictly confidential*. Your child's identity will be completely protected and will not be used in any reports resulting from this survey. The only people who will have access to individual student responses collected from the surveys are members of the research team, including OSPI staff, involved in this study. In other words, the afterschool program staff and your child's teachers and principal will not have access to individual student survey responses.

If you have any questions about the study, you can talk to or email researcher Samantha Sniegowski, ssniegowski@air.org or 312-690-7371.

If you have concerns or questions about your rights as a participant, contact AIR's Institutional Review Board (which is responsible for the protection of project participants) at IRB@air.org, toll free at 1-800-634-0797, or c/o IRB, 1000 Thomas Jefferson Street, NW, Washington, DC 20007.

WITHDRAWAL FROM SURVEY FORM

By returning this form, ***I DO NOT GIVE PERMISSION*** for my child to participate in the *Youth Skills and Beliefs Survey* described above.

Parent/Guardian/Legal Representative:

Signature: _____ Date: ____/____/____

Printed Name: _____

Relationship to Child: _____

Child's Name (Print): _____

Program Name: _____ City: _____ State: _____

IF YOU DO NOT WANT YOUR CHILD TO PARTICIPATE IN THIS STUDY, please return this completed form (entire page) as soon as possible. One copy of this document will be kept together with the research records of the study. You will be given an additional photocopy of the signed document to keep.

If you want your child to participate, no action is necessary. Thank you!