



Evaluation of West Virginia's 21st CCLC Program, 2009-2010 Informed Consent Form for Parents or Guardians

I understand that the afterschool program in which my child, _____ (child's name) participates will be evaluated by the West Virginia Department of Education (WVDE) to examine the effectiveness of the statewide 21st Century Community Learning Center (21st CCLC) before/after school programs. My child's teacher will be asked to complete a short survey about my child's performance in school.

The survey will use only my child's identification number (WV Education Information System or WVEIS). My child's name will never be provided to WVDE evaluators.

Information provided for the evaluation will be held in strictest confidence. My signature on this consent form indicates my permission to have my child's teacher complete a survey and to allow evaluators access to my child's WVEIS number for purposes of this evaluation.

If I have any questions about the program, I may contact the before/afterschool program staff member named below or Sallie Harrington, Director, 21st CCLC program, WVDE (304-558-7881). For information on the evaluation and confidentiality, I may contact Larry White, WVDE Office of Research and Evaluation, (304-558-2546 ext. 53419). Thank you for assisting in the continuous improvement of the 21st CCLC program.

Child's Name: (Please print) _____

Parent/Guardian Signature: _____

Date: _____

21st CCLC Staff Member: (Please print) **Terry Jo Morrison**

Program Name: **Learning Corner/Project ISAAC**

Phone: **304-624-3275 or afterschool 304-629-9491**