**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 develop important academic and life skills. This program is conducting a study of the effectiveness of this program 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 6-12. This will help us to understand if the program is 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 (INSERT SURVEY DATES), 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.* Participants will *not* be asked to put their names on the survey, and your child’s identity will be completely protected. The only people who will have access to individual student responses collected from the surveys are members of the program evaluation team, including program staff, involved in this study.

If you have any questions regarding these surveys please contact:

(INSERT PROGRAM CONTACT INFORMATION)

**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!**