

(USE SCHOOL LETTERHEAD)

SAMPLE PARENTAL PERMISSION FORM—Active

Dear Parent or Guardian:

As a part of our effort to provide excellent programs for young people, we will be surveying the young people participating in our community service-learning programs during the next few weeks, as well as a comparison group. The survey was developed by a statewide workgroup of educators, brought together by the Massachusetts Department of Education's Community Service-Learning Program and facilitated by staff at the Brandeis University Heller School for Social Policy, Center for Youth and Communities. It has been designed to measure the extent to which participation in service-learning contributes to greater academic success and affects student attitudes, behavior, and plans. **The survey is voluntary. All of the information collected for the study will be kept strictly confidential and only used for the purposes of the study.**

We want parents to be informed about this survey to assess student academics, behavior, attitudes and skills. We believe that the study will provide valuable information for our school and will help in our ongoing efforts to improve the quality of education for your children. Therefore, we want to encourage you to allow your child to participate.

If you do give your consent, please complete the form below and returning it to your child's teacher or program staff within the next three days. If you have any questions about the study, please feel free to call me at (_____) _____.

Thank you for your cooperation.

Sincerely,

Signature and Date

Title

Massachusetts Department of Education Community Service-Learning Evaluation Survey

PERMISSION FORM *Please Sign and Return to the Program Staff Within Three Days*

I give permission for my child(ren), _____, to
_____ to
participate in The Department of Education's study of our program.

Parent(s)/Guardian(s)
Signature(s): _____

Daytime Telephone: (_____) _____ Today's Date: _____
(Area Code) Number

(USE SCHOOL LETTERHEAD)

SAMPLE PARENTAL PERMISSION FORM—Passive

Dear Parent or Guardian:

As a part of our effort to provide excellent programs for young people, we will be surveying the young people participating in our community service-learning programs during the next few weeks, as well as a comparison. The survey was developed by a statewide workgroup of educators, brought together by the Massachusetts Department of Education's Community Service-Learning Program and facilitated by staff at the Brandeis University Heller School for Social Policy, Center for Youth and Communities. It has been designed to measure the extent to which participation in service-learning contributes to greater academic success and affects student attitudes, behavior, and plans. **The survey is voluntary. All of the information collected for the study will be kept strictly confidential and only used for the purposes of the study.**

As we always do, we want to give parents the opportunity to exclude their child(ren) from surveys that address student academics, behavior, attitudes and skills. Therefore, we are sending this notice home to inform you of the study and to give you the opportunity to let us know if you do not want your child(ren) to participate in the survey or to have information on your child(ren) included in the study. We believe that the study will provide valuable information for our school and will help in our ongoing efforts to improve the quality of education for your children. Therefore, we want to encourage you to allow your child to participate.

If you **DO NOT** want your child to participate in this study, please let us know by completing the form below and returning it to your child's teacher or program staff within the next three days. If you are willing to have your child participate you do not need to take any further action. If you have any questions about the study, please feel free to call me at (____) _____.

Thank you for your cooperation.

Sincerely,

Signature and Date

Title

Massachusetts Department of Education Community Service-Learning Evaluation Survey

PERMISSION FORM

Please Sign and Return to the Program Staff Within Three Days

I DO NOT want my child(ren),

_____, to
participate in The Department of Education's study of our program.

Parent(s)/Guardian(s)

Signature(s): _____

Daytime Telephone: (____) _____
(Area Code) Number

Today's Date: _____