APPENDIX C

CONFIDENTIALITY, CONSENT, AND CONTACT FORMS

MDRC Confidentiality Pledge

SRM Staff Confidentiality Agreement

Parent Consent Form

Family Contact Information Form

mdrc
BUILDING KNOWLEDGE TO IMPROVE SOCIAL POLICY

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CONFIDENTIALITY PLEDGE
CONFIDENTIAL AND PROPRIETARY INFORMATION
(EMPLOYEES)

I understand that in the course of my employment with MDRC, I may obtain access to certain kinds of confidential and/or proprietary information that if disclosed to persons outside MDRC could be detrimental to interests of the organization. I agree that I will not reveal such information, regardless of how or where I acquired it, to any person unless such person has been authorized by MDRC to have access to the information. I further agree that upon leaving the employ of MDRC, I will not take with me any such information.

The kinds of confidential and/or proprietary information covered by this agreement are:

1. Proprietary information concerning MDRC's financial, business, and administrative practices including: proposals; project budgets; internal procedures manuals (e.g., report coordination and data management) and internal memos regarding personnel practices and policies.

2. Confidential written materials of any kind including: field notes, site memos, meeting notes, and documents containing sensitive information that if disclosed would prove embarrassing or offensive to others (for instance, editorializing about outsiders' work or reputations).

3. Funder-related documents.

4. Technical information including: data dictionaries; database structures; computer systems and programs (e.g. programs to convert source data to analysis files); encryption programs; programs to assess data quality and file integrity; random assignment programs; programs used in cost/benefit analysis; MIS systems; programs used to generate research findings; and higher-level programs and procedures such as script and program generators and function libraries.

5. Information from databases including: source data or analysis files (administrative record, survey, participation, and baseline data). (Note that some, but not all, of this information is already covered under the confidentiality pledge that all new employees must sign.)

I further understand that this agreement shall continue to bind me even after my employment with MDRC has terminated, and that unauthorized use or disclosure of any confidential and/or proprietary information is a breach of the terms of my employment with MDRC and may subject me to court action by any interested party or to other sanctions by MDRC.

Nothing herein shall be construed to prevent divulgence of information to any court or governmental agency, if such divulgence is required by law; but if I am subpoenaed, or if I have reason to believe that I may be called upon to make such divulgence, I agree promptly to notify MDRC in writing and, upon their request, to cooperate in all lawful efforts to resist such divulgence.

Signature: _____

Name:(Print): _____

Date: _____

Location: _____

AFTER SCHOOL STUDY

SURVEY RESEARCH MANAGEMENT

STAFF CONFIDENTIALITY AGREEMENT

June 2005 – September 2006

All participants in the After School Study are guaranteed confidentiality. All Survey Research Management staff working with the project must agree to the following:

- I will not reveal the name, address, telephone number or any other identifying information of any study participant (or family member of a participant or other informant) to any person other than a member of the Survey Research Management staff or someone directly connected to the study in which the individual is participating.
- I will not reveal the contents or substance of the responses of any identifiable respondent or informant to any person other than a member of the staff directly connected to the study in which the respondent is participating, except in a form and for a purpose authorized by the Project Director or authorized designate.
- I will not contact any After School Program Study participant (or family member, employer, other person connected to a participant or informant) except as authorized by a member of the staff directly connected to the project in which the individual is participating.
- I will not release a dataset (including for unrestricted public use or for other, unrestricted uses) except in accordance with policies and procedures established by Survey Research Management.

If you agree to comply with the regulations as set forth in this memo, please sign the certification below.

I certify that I have read the above explanation of the confidentiality agreement as set forth in this agreement and will comply with the above agreement.

Signature _____

Printed name: _____ Date: __ __ / __ __ / 0 5

The After School Project
Academic Instruction for After School Programs

_____School District

PARENT CONSENT FORM

We are pleased that you want to enroll your child in the _____ School District After School program. As you may have heard, our school district is part of a study – the After School Research Project – to see if academic instruction offered in after school programs can help your child become a (better reader/stronger math student).

What is this study?

The after school program at your school is offering special instruction in (reading/math). We will be using a new curriculum made especially for after school programs. This school year, as part of a national research study sponsored by the U.S. Department of Education, some of the teachers and students in your child's after school program will be trying out this new program. A study team will be collecting information about their experiences with it.

What does it mean to be part of this study?

If you are selected, your child's teacher in the after school program will be using this new curriculum to provide instruction in (reading/math). Because the purpose of this is to find out if the curriculum helps students improve their (reading/math) skills, the study team will need to collect some basic information about the children whose parents sign the consent form. This includes:

- Application Data: The information you provide about your child and family on the after school application forms. (You do not have to answer questions that you do not want to answer.)
- Attendance Data: The daily attendance records for the after-school program.
- Test Scores: The results of a (reading/math) test that all students will take at the start of the after school program in the fall and at its conclusion in the spring.
- Student Surveys: Your child will answer two short surveys to find out about their out-of-school activities. (However, no child has to answer questions that he/she does not want to answer.)
- School Data: The study team will collect information from school records and teachers, such as your child's grades, attendance, test scores, and receipt of additional educational services during the school day.
- Classroom Observations: During the year the study team will observe classroom instruction in the after school program twice.

What are the benefits of being part of this study?

Your child is eligible for the program because he/she needs help in (reading/math). Only those children whose families sign the consent form will be allowed to participate in the classes. If selected, your child will receive extra

academic instruction using a new curriculum based on the best ways to teach (reading/math). This curriculum will support the instruction that students get during the school day.

Who has access to the information collected about my child?
Only the study team will have access to this information. No personal information about you or your child will be made public and all information collected will be kept confidential and used for the purpose of evaluating how well the new curriculum works.

If I sign the consent form will my child be included in the (reading/math) class?
We only have room to serve about 40 children this year, so if more families want to enroll their children, we will decide who to accept based on a lottery. This is a fair way to decide who gets into the classes and everyone will have the same chance of being accepted. If your child is not selected through the lottery, he/she will receive the regular after school services that your school usually provides.

Do we have to participate in this study?
No. If for any reason you do not want your child to receive the special after school instruction, you can decide not to sign this consent form. Your child may also leave the study at any time, but we ask you to make a full year commitment that your child will attend four days per week so that we can properly test the new curriculum.

Statement of consent

I have read this form and agree for my child to get the special instruction in (reading/math) during the after school program. I know that being part of this study is voluntary and that all information about me and my child will be kept private to the extent allowed by law. I understand that the research study team will use a lottery to decide who gets into the special (reading/math) classes if more families apply than can be served this year. I give my permission for the study team to get the data listed above – whether or not my child gets into the special classes or participates in the after school program all year – and to take photos in the classrooms for program or training purposes.

_____ _____

Signature of Parent or Guardian Date Name of Child Date of Birth

If you have questions about the After School Research Project please contact _____ (name, phone, email of local contact) or Dr. Fred Doolittle (Study Director) at MDRC at _____ (phone and email).

The After School Project

Academic Instruction for After School Programs

AFTER SCHOOL RESEARCH PROJECT
FAMILY CONTACT INFORMATION FORM

_____ DATE OF BIRTH: __ __ / __ __ / __ __
CHILD'S FIRST NAME **LAST** **MIDDLE** MONTH DAY YEAR

_____ TODAY'S DATE: __ __ / __ __ / 0 5
PARENT'S FIRST NAME LAST MIDDLE MONTH DAY YEAR

_____ DATE OF BIRTH: __ __ / __ __ / __ __
ADDRESS MONTH DAY YEAR

_____ __ __ __ - __ __ - __ __ __ __
CITY STATE ZIP CODE SOCIAL SECURITY NUMBER

(_____)_____ _____ (_____)_____
AREA CODE PHONE NUMBER AREA CODE CELL PHONE NUMBER

_____ _____
YOUR EMAIL ADDRESS SPOUSE OR PARTNER'S FULL NAME

During the Spring of 2006 your child will be part of the After School Research Project student survey and testing. Please give us the contact information for these people and places so that we will be able to contact you if your address or phone number changes:

CHILD'S GRANDMOTHER
Last Name _____ First Name _____ Middle Initial _____
Address _____
City, State, and Zip Code _____
Telephone Number (_____)_____ Date of Birth: __ __ / __ __ / __ __
Relationship to you: _____ Email address (if known) _____

RELATIVE NOT LIVING WITH YOU
Last Name _____ First Name _____ Middle Initial _____
Address _____
City, State, and Zip Code _____
Telephone Number (_____)_____ Date of Birth: __ __ / __ __ / __ __
Relationship to you: _____ Email address (if known) _____

CLOSE FRIEND
Last Name _____ First Name _____ Middle Initial _____
Address _____
City, State, and Zip Code _____
Telephone Number (_____)_____ Date of Birth: __ __ / __ __ / __ __
Relationship to you: _____ Email address (if known) _____

WORKPLACE (PARENT/GUARDIAN)
Name _____ Telephone Number (_____)_____
Address _____
City, State, and Zip Code _____
Email address (if known) _____

THANK YOU FOR YOUR TIME!