



## Your Child's Participation in the Study of New Jersey After 3

New Jersey After 3 relies on evaluation to provide information about the quality of the services it provides and to identify the ways in which participants benefit from after-school activities. To allow New Jersey After 3 and its authorized evaluators to continue this work, we ask your permission to:

1. Communicate with you and/or your child about the program and its effects in an individual or group interview or a written survey
2. Contact your child's school and obtain information from your child's teacher, including information about your child's academic progress, attendance, promotion between grade levels, and behavior
3. Talk to teachers, school staff, and others about your child's progress, and review records on your child's participation in the New Jersey After 3 program

Any information collected about you or your child will be used only to assess the New Jersey After 3 statewide program and will not be made public. Your name or your child's name will not appear in any report and, at the conclusion of all studies, records that include personal information will be destroyed.

**Participating in evaluation studies of New Jersey After 3 will not affect you or your child in school, in the New Jersey After 3 program, or in any other way. You can stop your child's participation in a study at any time. If you stop, it will not affect your child's enrollment in the New Jersey After 3 program.**

If you have any questions, please contact New Jersey After 3 at (732) 246-7933.

*The activities involved in participating in a study of New Jersey After 3 have been explained to me. I understand these activities, and (check one):*

I give permission for my child, \_\_\_\_\_  
*first name last name*

*to participate in studies of New Jersey After 3. I also give my consent for New Jersey After 3 and firms authorized by New Jersey After 3 to obtain my child's records and to interview or survey program and school staff about my child for research purposes.*

I do not give permission for my child, \_\_\_\_\_  
*first name last name*

*to participate in any study of New Jersey After 3.*

\_\_\_\_\_  
Parent/Guardian Signature Date

**Please return this form to your after-school program director**