



EVALUATION OF YOUTH CAREERCONNECT (YCC) PARENT CONSENT FORM

1. Please read the following statement.

The program your student is applying to is part of a national study sponsored by the U.S. Department of Labor (DOL). This important study will help DOL learn more about how high schools can help young people succeed after high school. There are no clear risks to participating in the study. There are also no direct benefits to you or your student; however, society at large might benefit from the study by better understanding what features of high school help students most. This study is conducted by Mathematica Policy Research.

I understand that by giving permission for my student to be in the study:

- Mathematica can request my student's school records. This includes information like attendance, test scores, or grades.
 - I will be asked a few questions about my household.
 - My student will be asked to complete a short survey related to his or her experiences at school, behavior in school, activities, and plans for future education.
 - My student will be contacted in about three years to complete another survey.
 - My student might be asked to participate in brief interviews or focus groups to discuss his or her experiences.
- I give permission for these interviews or focus group discussions to be audio taped.

I understand that all information provided to the study will remain private as required by the Family Educational Rights and Privacy Act (FERPA).

Agreeing to be in this study does not guarantee that my student will get into the [PROGRAM NAME]. Acceptance might be determined by a lottery of applicants to the program. I understand that this lottery will be a random process, like flipping a coin. It has nothing to do with my student's age, race, gender, or anything else about me or my student. I understand that if my student does not get accepted into the program, he or she will not be able to be in it for three years. If my student does not enroll in [PROGRAM NAME], he or she will still be part of the study.

If you have any questions about the study, please feel free to call Lisbeth Goble at 1-877-523-4651. If you have any questions about your rights as a research volunteer, please call the New England Institutional Review Board. Its toll-free number is 1-800-232-9570.

2. After reading this statement, do you give permission for your student to participate in the study?

YES, _____, **CAN participate in the study and I authorize**
First Name Last Name
his or her school, district, or state to release his or her student administrative records.

Student's Date of Birth: |__|_|/|__|_|/|__|_|_|_| Student's Gender: Male Female
Month Day Year

Student's Social Security Number: |__|_|_|-|__|_|-|__|_|_|_|

NO, I do not consent for _____, **to participate in the study.**
First Name Last Name

Parent/Guardian Signature

Date

Print Parent/Guardian Name

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this collection of information is estimated to average 19 minutes, including the time to review instructions, search existing data resources, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NAME at xxx-xxx-xxxx or NAME@.gov and reference the OMB Control Number xxxx-xxxx.

***Please return this form to the program along with your completed student application form.**