

Evaluation Consent



The Oregon Community Foundation (OCF) would like to receive information about you (student) and your participation in the _____ program. Sharing this information will help us learn about the program and how it helps students. It will also help the program to improve.

What information will be shared?

The program will share basic information like your name, birthday, year in school, and school ID number. They will also share information about when and how much you come to the program. Your secure student ID – the number used by your school – will be used to look at your school records.

In the spring, you may be asked to fill out a survey about yourself, and the program.

How will my information be shared?

The information will be shared very safely. Your privacy is important to us. We will protect your information by:

- Keeping your information in a safe computer file or in a locked room or cabinet (if printed).
- When we share what we learn, we will leave things out so that no one will be able to tell who we are talking about.

What do I have to do? Are there any risks?

You may be asked to spend about 30 minutes to complete the survey in the spring.

The survey might ask questions that you don't want to answer or that make you uncomfortable because they are personal.

You will be able to skip any questions you do not want to answer.

What will I get in return?

You can help your program to learn about students and improve.

What else should I know?

You can still go to the program without sharing your information. You can also change your mind about sharing your information at any time.

If you have any questions about this, you can contact Kim Leonard (Senior Evaluation Officer) at the Oregon Community Foundation at (503) 227-6846 or email kleonard@oregoncf.org.

If I sign, what does it mean?

- I have read and understand what this form says, and I agree that my information can be shared.
- I know that I do not have to agree to share my information. Even if I agree now, I can say no later, or stop filling out my survey at any time.
- This form has nothing to do with how program staff, teachers, or principals treat me, or my grades in school.
- I know that I should keep a copy of this form for my records.

Parent/guardian should keep this page

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Student Name

Student Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Return this page to program staff – they will fill out this section

Organization: _____

Staff Name: _____

Secure Student ID: _____