

MOUNT ARARAT

Community Activity Center

Professional Development Academy Informed Consent Form: September 2014 -2015

Project Description

The Mount Ararat Community Activity Center (MACAC) will provide the Professional Development Academy for ninth through twelfth grade students. As part of that program, students participate in activities at the school and church, and go on field trips. They are supervised by caring adult staff and other volunteers. The program aims to help the students be successful in school, professionally, at home, in the community and with peers. The program will track their grades, attendance, tardiness, suspension rates and test scores. All records will be kept confidential, being released to program personnel and evaluators for the sole purpose of helping them achieve their goals academically and in their chosen career path.

Consent to Participate

I have been informed about all of the elements of the MACAC program and agree to allow my child _____ to participate in the program and all of its activities, including testing for personal interests as well as scheduled field trips that may occur as often as twice per month.

Consent to Obtain Information

I understand that any records obtained- such as report cards, behavior information, self-concept scores and standardized test scores- will be released to the program and kept confidential. I also understand that the purpose of collecting this information will be to demonstrate the impact of the program and to help improve academics and behavior.

Consent to release Information

I understand any information collected shall be released to program personnel and evaluators working with the program and hired as responsible parties to the program. Only group data shall be reported. I also understand that my child's name will not be included in any reports. All information collected will be kept in locked confidential file cabinets with access granted to program administration and evaluators only. I understand that if I have any questions regarding the program, I can contact Denise Williams, MACAC Executive Director, 412-441-1852.

Consent to release Photographed

I understand that my child's image may be used for print or video media as it relates to; web pages, annual reports, marketing materials and social media posts. I understand that MACAC will not compensate me for my child's image.

I affirm that I have read this entire statement, and I have been given an opportunity to ask any questions I may have regarding this form and the project.

Participant's Printed Name

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Participant's Address

Parent/Legal Guardian's Phone Number

Emergency Contact Information & Relation to Participant