

Dear Parent/Guardian,

Your child's school has partnered with Inspiring Minds to support students during school with well-trained volunteers. Your child has been referred to us to receive individual support during class. To participate in our study, please complete the form below.

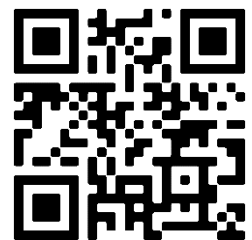
Inspiring Minds volunteers work one-on-one or in small groups to help students that need additional attention or support during the class. On an assigned day each week, a volunteer spends an hour or two in your child's classroom. Volunteers work under the supervision of your child's teacher. There is no cost for this program.

To better understand the impact of our program, Inspiring Minds would like your permission to request and collect data from your child and their student record from Providence Public Schools. The student record has information such as your child's attendance, scores on assessments (literacy scores, for example), types of services they may receive, discipline history, and other information. We also implement a survey called the "Student Attitude Survey" to all students to help us understand their attitude toward school at the beginning of their placement with a volunteer and again at the end of the school year. Having this information will help us better understand our impact, how our services work, and how we might improve them.

Federal law requires us to keep educational information about your child private. We will keep your child's records private by not providing any of your personal information to anyone not directly involved in Inspiring Minds or your child's school. We also share information with the people who fund our programs or are interested in learning more about what we do and how we do it. That information is only shared in the aggregate. That means, we only share general information, such as 55% of our participants are English language learners.

Thank you! Please call Inspiring Minds at 274-3240 or email us at inspire@inspiringmindsri.org if you have any questions!

Please return this data consent form to your child's teacher. You may also complete this form online by taking a picture of this QR Code.





Data Consent In-School Tutoring and Mentoring Program
Consentimiento de datos para el programa de tutoría y tutoría en la escuela 2022-2023

Child's name/ Nombre del niño: _____

Child's Date of Birth/ Fecha de nacimiento del niño: _____

Teacher's name/Nombre de maestra/aula: _____

School/Escuela: _____

PLEASE write YES or NO for each question:

_____ I understand why Inspiring Minds is asking my permission to access my child's student record, and I grant permission to the Providence Public Schools to share that information with Inspiring Minds.

_____ I grant permission for Inspiring Minds to share information learned from the assessments and interviews with Providence Public Schools to discuss coordination of services.

_____ I permit my child to participate in the pre and post-assessments.

_____ I permit my child's name, photo, and quotes to be used by Inspiring Minds for the purposes of marketing the program.

_____ Please add me to the Inspiring Minds mailing list.

Por favor responda SÍ o NO a cada una de las siguientes preguntas:

_____ Entiendo la razón por la que Inspiring Minds me pide permiso para acceder al expediente escolar de mi niño y doy permiso al Departamento de Escuelas Públicas de Providence de compartir esa información con Inspiring Minds.

_____ Doy permiso a Inspiring Minds para compartir información aprendida de las evaluaciones y entrevistas con las Escuelas Públicas de Providence para discutir la coordinación de servicios.

_____ Doy permiso para que mi niño(a), participe en las evaluaciones previas y posteriores.

_____ Doy permiso a Inspiring Minds de usar el nombre, foto y palabras de mi niño(a) para fines promocionales del programa.

_____ Por favor agréguese a la lista de correo de Inspiring Minds.

Name of Parent/Guardian /Nombre del padre, madre o tutor legal: _____

Relationship to child/ Parentesco con el niño: _____

Address/ Dirección: _____

City, State, Zip/ Ciudad, estado y código postal: _____

Phone/ Teléfono: _____

Email/ Correo electrónico: _____

Signature of parent/ guardian/ Firma del padre, madre o tutor legal:

_____ Date: _____