

NJ School Based Youth Services Program (SBYSP)

Evaluation Consent Form

Dear Parent or Guardian:

The New Jersey Department of Children and Families (DCF), Division of Family and Community Partnerships (FCP), Office of School Linked Services (OSLS), is pleased to continue supporting the NJ School Based Youth Services Program (SBYSP) that is available to your high school child.

The NJ SBYSP began in 1987 and continues today with the goal to help young people navigate their adolescent years, finish their education, obtain skills leading to employment or continuing education, and graduate healthy and drug free.

When you consent to your child's participation in the NJ SBYSP you are committing to your child's ultimate goal of graduating high school. The SBYSP is available in 67 high schools and it is important that we continuously ensure the programs are achieving its goal. As a result, each program is required to use the following tool to determine their impact. This tool is related to your child's thoughts about the program and gives us insights into how to improve or maintain our program.

The NJ SBYSP High School Impact Evaluation will be provided anonymously to students that participate in a program activity during the months of October and March.

When reports are produced **individual students will not** be mentioned.

Students are not required to complete the evaluation, this is truly voluntary. They also have the right to discontinue participating at any point. No action will be taken against the school, you, or your child, if your child does not take part.

As a parent/guardian you can review a blank copy of the tool by contacting the SBYSP directly.

At this time we are asking for your written consent for your child to participate or your written refusal. We ask that you return the signed form in either case. Have your child return the form to the SBYSP right away regardless of whether or not you allow your child to participate.

Yes, if applicable, my child **may participate** with this evaluation.

No, if applicable, my child **may not participate with this evaluation**.

Student's Name (please print): _____

Grade: _____ 9th _____ 10th _____ 11th _____ 12th

Parent's signature _____ Date: _____