Camp Location: _____

Parent Evaluation Consent

Name of Child: _____ _____ _____
First Middle Last

Birthdate: _____ Grade: _____ Age: _____ Date: _____

Parent(s) Name: _____

Phone: (Work) _____ (Home) _____ (Cell) _____

Home Address: _____
Street/PO Box City/State Zip

Consent is being requested for the following:

The Stimulating Summers, Enriching Young Lives Daycamp is working with the "Feed Your Brain Grant". The Daycamp children have access to an Educator during their time with us. The Educator will encourage reading skills through storytime and small group reading time. We would like to test your child(ren) at the beginning of camp and at the end of camp. Our goal is to see if children, who typically lose 2-3 months of learning due to the "summer slide", maintained their reading skills due to our program. These evaluations will be conducted by an Educator and are standard testing that public schools use. The findings of the assessments will be written in a report to the "Feed Your Brain Grant". However, no child's name will be used in the report. If you would like your child(ren)'s results made known to their teacher for the new school year, please let us know and a letter will be sent to the school.

Initial Evaluation: Date Consent for Initial Evaluation: _____

Reevaluation: Date Consent for Reevaluation: _____

Would you like your child(ren)'s teacher to have access to their evaluation results: Yes or No
(Circle one)

Parent(s):

I have received an explanation of the proposed evaluation. I have read this form and agree to allow my child(ren) to be tested by signing below.

_____ _____
Parents Signature Date