

# Welcome Back!

**We need your help.**

**In exchange, you have a chance to win an iPad.**

Our school district has partnered with Perry Promise Neighborhood, a new federally funded initiative managed by Partners for Education at Berea College that will offer resources and opportunities to our students, families, schools and community.

We realize that you are being asked to complete a lot of papers as our new school year begins; however, Perry Promise Neighborhood needs to collect information from our families to better serve our children and families. Your input will help determine program choices for our community.

So, please take a few minutes and **completely** fill out our Perry Promise Neighborhood packet. In appreciation for your time, each household returning a **completed** packet within the **first three weeks of school** will be entered into a drawing for a **free Apple iPad**.

**Thank You**



Partners *for* Education  

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BEREA COLLEGE





COMPLETE ONE FORM FOR EACH STUDENT IN SCHOOL

## FAMILY INFORMATION

Parent/Guardian Name:

Last Name

First Name

Date of Birth:

Gender:  Male  Female  Other

Primary Language:

### Highest Grade Level You Completed:

- Less than High School
- High School Diploma
- GED
- Some College
- Associate's Degree (2-yr)
- College (4-yr)
- Graduate school or higher  
(masters, doctorate, etc.)

### Your Employment Status:

- Full-time (*35 hrs/week or more*)
- Part-time (*35 hrs/week or less*)
- TANF work requirement
- Occasionally
- Not employed
- Retired
- Disabled

### Annual Household Income (U.S. dollars):

- Under \$16,000
- \$16,001-25,000
- \$25,001-35,000
- \$35,001-45,000
- \$45,001-55,000
- Over \$55,000

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# Promise Neighborhood Consent Form

2018-2019 School Year

## Partners for Education at Berea College Consent Agreement for Data Disclosure and Sharing

Partners for Education at Berea College is devoted to providing educational opportunities for students from Perry County and the surrounding area. We are working in your child's school district through one or more of the following federally funded programs: The Berea College Promise Neighborhood, National Endowment for the Arts Our Town, AmeriCorps VISTA, Byrne Criminal Justice Innovation, Innovative Approaches to Literacy, AmeriCorps School Turnaround, GEAR UP, National Endowment for the Arts (Art Works) and Performance Partnership Pilot.

In order to be successful, Partners for Education at Berea College is expected to collect and use a wide variety of data at different levels, and from different sources. This allows us to evaluate our progress, make sure we are providing high quality services to your child, and report results to residents, partners and our federal funders.

Partners for Education at Berea College takes every precaution to protect personally identifiable information from unauthorized use or disclosure. Information obtained shall not be published in a manner that will lead to the identification of any individual. The information is used solely for service provision and program evaluation purposes, and identified information shall not be further re-disclosed to third parties not covered by this Consent Agreement without your prior written consent. All staff involved in any of our projects are required to have training in confidentiality and privacy practices.

**By signing this agreement, you give your consent for Perry County School District to share select portions of your child's education records (listed below), enrollment and survey data with Partners for Education at Berea College and our key project partners. The records to be disclosed and shared with Partners for Education at Berea College include the following:**

**Education records from Perry County School District:** 1) Enrollment Information, 2) English Learner Status 3) Classroom performance/behavior, 4) Performance on state assessments, 5) Grade reports, 6) Transcripts, 7) Attendance, 8) Kindergarten readiness.

**Records from our various service providers, including:** 1) Enrollment information collected on participants (such as name, address, and date of birth); 2) Participation data (such as services received, attendance dates, and length of time participating); 3) Program results and assessments (such as tests results and observations by program staff); 4) Survey results.

**I consent to the disclosure of the personally identifiable information described above to the following entities and partners:**

1) Partners for Education at Berea College; 2) Save the Children (a service partner); 3) REACH Evaluation (a research partner); 4) UNITE (a service partner); 5) Hazard Community Technical College 6) LKLP Community Action); 7) Local early childhood providers.

**Furthermore, I consent that the U.S. Department of Education and its authorized contractor(s) may obtain the information described above stripped of any and all direct identifiers, in accordance with grant requirements.**

For further information and questions, please contact the executive director of Partners for Education at Berea College, **Sherry Scott, at 859-985-4068**. Signing this agreement constitutes the granting of consent for disclosure of protected education information under the Family Educational Rights and Privacy Act (FERPA).

**Please complete A and then SIGN B below.**

**A. FOR CHILD UNDER 18 YEARS OLD: (please print clearly)**

I,

PRINT Parent/Guardian **Last Name**

PRINT Parent/Guardian **First Name**

as the Parent/Guardian of,

PRINT Child's Legal **Last Name**

PRINT Child's Legal **First Name**

Consent to the release of personally identifiable information of the Child named above, subject to the terms of this Consent Agreement.

**B. By signing this Consent Agreement, I agree that I have read and understood the above and consent to all of the above statements. I understand that signing this Consent Agreement is voluntary and is not a condition for receiving services from Partners for Education at Berea College. This Consent Agreement is valid for the duration of the projects listed above. I maintain the right to discontinue this permission at any time by contacting the Partners for Education at **Berea College at 859-985-4068**.**

Signature \_\_\_\_\_

Date  /  /

# Promise Neighborhood Survey

**ALL COMPLETED SURVEYS RETURNED TO THE SCHOOL WILL BE ENTERED INTO A DRAWING FOR A FREE IPAD.**

Student's Legal Last Name:                      Date of Birth:   /   /

Student's Legal First Name:

- |  | Almost never             | Once or twice per year   | Every few months         | Monthly                  | Weekly or more           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How often do you have conversations with your student about what his/her class is learning in school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How often do you meet in person with teachers at your student's school?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past year, how often have you visited your student's school?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 
- |   | Not at all confident     | Slightly confident       | Somewhat confident       | Very confident           | Extremely confident      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. How confident are you in your ability to support your student's learning at home (ex. help with homework)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

<b>WILL THIS STUDENT ATTEND KINDERGARTEN-8TH GRADE THIS SCHOOL YEAR?</b>	<input type="checkbox"/> YES. Please answer the following questions.
	<input type="checkbox"/> NO. SKIP TO QUESTION #8.

5. How many children in kindergarten through 8th grade are living in the home with you?  One  Two  Three  Four or more
- 
6. In a typical week, how often do you or other family members read books to your student in kindergarten through 8th grade? (Select *only one* response.)  Not at all  Once or Twice  3-6 Times  Everyday
- 
7. During the past week, how often did your student in kindergarten through 8th grade read to themselves or to others outside of the school day? (Select *only one* response.)  Not at all  Once or Twice  3-6 Times  Everyday

<b>WILL THIS STUDENT ATTEND GRADES 9-12 THIS SCHOOL YEAR?</b>	<input type="checkbox"/> YES. Please answer the following questions.
	<input type="checkbox"/> NO. CONTINUE TO THE NEXT PAGE.

8. How many children in 9th-12th grade are living in the home with you?  One  Two  Three  Four or more
- 
9. Within the last six months, how often did you or other family members provide advice or information about selecting courses or programs at school to your high school student?  Never  Sometimes  Often
- 
10. Within the last six months, how often did you or other family members provide advice or information about plans and preparation for college entrance exams such as ACT, SAT, or ASVAB to your high school student?  Never  Sometimes  Often
- 
11. Within the last six months how often did you or other family members provide advice or information about applying to college or other schools after high school to your high school student?  Never  Sometimes  Often
- 
12. In the last semester or term of this school year, how often did you or other family members provide advice or information about specific jobs your high school student might apply for after completing or leaving high school?  Never  Sometimes  Often

# Promise Neighborhood Early Childhood Survey

## Promise Neighborhood SURVEY QUESTIONS (continued)

**PLEASE COMPLETE THIS SECTION ONLY ONE TIME PER HOUSEHOLD**

### DO YOU HAVE CHILDREN (AGED 0-5), NOT YET IN KINDERGARTEN LIVING IN THE HOME WITH YOU?

- YES. Please select at random one of those children for whom you will answer the following questions.
- NO. PLEASE STOP HERE. YOU HAVE COMPLETED THE SURVEY!

1. Child's Legal Last Name:

Child's Legal First Name:

2. Child's Date of Birth:

3. Child's Gender:  Male  Female  Other

4. What is your relationship to the child living in the home with you? (Select the best option.)

- Parent
- Step-parent
- Foster parent
- Grandparent
- Sibling (brother or sister)
- Aunt
- Uncle
- Grandparent
- Other Family Member
- Other Non-Relative

5. How many children (*not yet in kindergarten*) are living in the home with you?

One  Two  Three  Four or more

6. Is there a place this child usually goes when they are sick or you need advice about their health? (Select only one response.)

Yes  No  There is more than one place

Don't know

7. If you answered "yes" or "more than one place," what kind of place does this child go to most often? (Select only one response.)

Doctor's Office

Hospital Emergency Room

Hospital Outpatient Department

Clinic or Health Center

Retail Store or "Minute Clinic"

School (nurse, athletic trainer, etc.)

Friend/Relative?

Some other location

Does not go to one place most often

Don't know

8. A personal doctor or nurse is a health professional who knows children well and is familiar with the child's health history. Do you have one or more person(s) you think of as a personal doctor or nurse for this child aged 0-5? (Select only one response.)

Yes, one person  Yes, more than one person

No  Don't know

9. Does anyone else besides the parent/guardian take care of this child for at least 10 hours per week? (Select only one response.)

Yes  No  Don't know

### IF NO SKIP TO QUESTION #13

10. Now we want to ask you about child care centers that this child may attend. Such centers include early learning centers, nursery schools, day care centers, and other preschools or head start. Is this child now regularly attending a child care center more than 10 hours per week? (Select only one response.)

Yes  No  Don't know

11. Is this child currently receiving care from a relative or non-relative other than a parent or guardian on a regular basis more than 10 hours per week? (Select only one response.)

Yes  No  Don't know

12. Approximately how many children are usually cared for together, in the same group at the same time, by (provider in question 11), counting this child?

Write in number of children

(Leave blank if you don't know.)

13. Now we want to ask about this child's experience with reading. In a typical week, how often do you or any others living in the household read books to your child aged 0-5? (Select only one response.)

Not at all  Once or Twice  3-6 times

Everyday

14. During the past week, how many days did you or others living in the household with your family tell stories or sing songs to this child aged 0-5? (Select only one response.)

No days  1-2 days  3-4 days

5-6 days  Everyday  Don't know

Thank you for completing this survey!

