

MENTORING FOR SUCCESS

PARENT/GUARDIAN CONSENT FOR STUDENT PARTICIPATION

Dear Parent / Caregiver,

(Name of school)'s **mentoring program** provides our students with additional support to help them do their very best at school. Mentoring is an effective strategy to help children make positive choices, stay on track in school and avoid negative behaviors.

The mentors are either staff at *(name of school)*, the After School Program, SFUSD employees, or community volunteers. Mentors meet with students weekly during school or after school program hours and do a variety of positive activities together (for example: homework, reading, journaling, cooking, and art). These activities take place on school grounds during the school year. With parent permission mentors may take students off campus or meet during the weekend. Mentors and mentees remain in contact during the summer with parent permission.

Your child will be invited to fill out a brief survey as part of our efforts to evaluate the mentoring program. If you give permission for your child to take part in the program, he/she will fill out a brief survey before or during the first and last group activities. Each survey will take about 5-10 minutes to fill out. The surveys ask your child about how he/she feels about their school, and what impact the mentor had on him/her. The surveys are completely CONFIDENTIAL. If you would like to review the survey content please contact Erin Farrell at 415-242-2615.

----- *Sign and return this form to School* -----

Your child has been selected to participate in the mentoring program!

As soon as we receive your consent, _____, will be matched with a mentor.
(student's name)

My signature below gives consent for my child to participate in Mentoring for Success.

I consent for my child to complete a survey regarding the mentoring experience. Yes No

Parent/Caregiver name: _____
(print)

Parent/Caregiver signature: _____

Date: _____

Phone number: _____

Emergency phone number: _____

PLEASE RETURN TO THE MENTOR PROGRAM SITE COORDINATOR BY (date)

If you have any questions or concerns, please call *(Mentor Program Site Coordinator's Name)*, at *(phone number)*.

(OVER)



PERMISSION TO USE IMAGE AND INTERVIEW

Please sign the bottom portion of this form to authorize SFUSD to use interviews, photographs, or video of your child in SFUSD print or internet publications, documentaries, films, or video.

Dear Parent or Guardian,

The Mentoring for Success is photographing students, staff, and mentors for various promotional purposes including, but not limited to: posters, recruitment materials, brochures, newsletters, the website, and other promotional purposes as needed. Your child's name, grade, and the name of the school may be included in the report.

-----*Sign below and return this form to School*-----

Please sign and return to your school's Mentor Program Coordinator if you are granting consent to San Francisco Unified School District and their representatives and agents, to use your child's photo or video image and to identify him/her by name and/or the school s/he attends. I grant SFUSD full rights to use such pictures, interviews, video and identifying information of my child for promotional purposes as described above, without any restrictions and without incurring any debts or liabilities to me of any kind.

Child's Name

Program Coordinator Name

Signature of Parent/Guardian

Telephone

Print Name of Parent/Guardian

Date