



## **Teen Leader Parent Consent Form**

Read Alliance helps to shrink the achievement gap by pairing early elementary children with high school students trained to provide one-to-one tutoring in foundational reading skills.

READ teen leaders will report directly to Teachers and Program Managers. Teen leaders will participate in the Read Alliance virtual online and in-person tutoring session and will engage with teachers, students, and READ program staff via the Zoom platform or in the classroom. Teen leaders are expected to maintain a professional and respectful relationship with senior teen leaders, fellow teen leaders, students, and school staff.

READ operates under contract with the New York City Department of Education (NYCDOE). The NYCDOE requires that we have social security numbers on file for everyone who works with DOE children, including volunteers.

### **To Earn a Paid tutoring Job with Read, You Must:**

- Submit all required documentation during your scheduled Enrollment Session
  - *School Report Card, Parent Consent Form, Social Security Card and Picture Identification (i.e. School ID or State Issued ID)*
  - *If you are between the ages of 14 and 17 years, you must obtain a working permit*

**• Teen leaders who do not submit all required documentation will not be permitted to participate as**

**READ Teen leaders.**

**(Please note: In some cases teens will be paid by Read's program partners)**

### **Teen leaders Requirements:**

- Actively participate in the entire READ training workshop (4 hours)
- Work for approximately 6 hours over a period of 4 days per week
- Arrive on time to all scheduled tutoring sessions and trainings
- Be a positive role model for students

Name of Applicant/ Child: \_\_\_\_\_

Age: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT**

I understand that my child will participate in the Read Alliance virtual online and in-person tutoring session and will engage with teachers, students and READ program staff via the Zoom platform. I understand that my child is applying for a paid position as a READ teen leader. If hired, he /she is expected to:

- Teen leader for 6 hours 4 days per week
- Submit all required documentation during their scheduled Enrollment Session:
  - **School Report Card, Parent Consent Form, Social Security Card and Picture Identification (i.e. School ID or State Issued ID)**
  - **If you are between the ages of 14 and 17 years, you must obtain a working permit**
  - **Teen leaders who do not submit all required documentation will not be permitted to participate as READ Teen leaders.**
  - **If you are 18 years of age or older, you are required to be fingerprinted by the New York City Department Of Education (NYCDOE)**

I understand that my child may be paid by READ's program partners. I commit to supporting my child in fulfilling this commitment if he/she is hired.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PERMISSION TO USE TEEN LEADER DATA**

READ has been working with teen leaders at schools across New York City since 2001. During that time, we have had many teen leaders graduate and go on to careers or college. We would now like to track the long-term benefits of our employment program as teen leaders move through the program. In order to do this, we are asking your permission to review your child's report cards, school attendance reports, and New York City and State standardized test results both now and in future years.

The purpose of our study is to understand the impact of our program on participants' future and to make changes to the program based on these long-term effects. Information concerning your child will remain strictly confidential. It will only be shared with our partners and evaluators upon request. Your permission to allow READ to collect and share your student's data with our partner organizations is strictly voluntary and will not affect your child's participation in the program.

\_\_\_\_\_  
I agree to let READ and its representatives and partner organizations to have access to my child's student data for program evaluation purposes. I understand that this data will be used only to evaluate the long-term effectiveness of the READ program and that public reporting of this data will not include my student's name.

Name of Child \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**LONG TERM STUDY**

I understand that if I do not agree to any of the below, it will in no way affect \_\_\_\_\_'s eligibility to be a teen leader. \_\_\_\_\_ (I Do / Do Not) give permission for my child, \_\_\_\_\_, to be included in a random sample assessing the positive impact of the teen leader experience. **Please note: this assessment is only for first-time teen leaders with Read Alliance**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE FORM**

I, \_\_\_\_\_, give my permission and consent to Read Alliance [also known as Reading Excellence and Discovery Foundation] its employees, affiliated entities, partners and financial supporters (each of the foregoing individually and collectively to be referred to for this Release Form as, "Read") to use and reuse my child's/dependent's name, and any image, likeness, photograph, statement, voice recording, video, film or other moving image of my child/dependent, in any form and from any source ("Subject Matter"), for any purpose in connection with Read's activities or the financial support of Read.

I understand and agree that this permission and consent shall give to Read the right to reproduce, copy, modify, edit, display, publish, perform, exhibit, distribute, transmit or broadcast by any means whatsoever, or otherwise use the Subject Matter or any part thereof, alone or in combination with other material, in any form or media (such as but not limited to printed materials and/or electronic, digital and online data and images of any kind). I also understand and agree that I shall have no right, title or interest in or to the Subject Matter or to any results or proceeds of its use as permitted by this Release Form, and I release Read and its agents from all claims, demands and liabilities whatsoever in connection with any use of the Subject Matter as permitted by this Release Form.

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**OPTIONAL & CONFIDENTIAL**

This information will in no way be used to determine your child's eligibility for a job.

READ is collecting this information for funding and reporting purposes only.

1. Race/Ethnicity (check all that apply):

- African American
- Asian
- Caucasian
- Hispanic
- Native American
- Pacific Islander
- Other (please indicate) \_\_\_\_\_

2. Language spoken at home (check all that apply):

- English
- Haitian Creole
- Spanish
- Arabic
- Chinese
- Russian
- Other (please indicate) \_\_\_\_\_

3. How many people (including yourself) live in your household? \_\_\_\_\_

4. What is the combined annual income of your household?

- Under \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$70,000
- \$70,001 to \$80,000
- \$80,001 to \$90,000
- More than \$90,001

5. Do you receive public assistance?

- Yes
- No

**Important: Make copies of all paperwork for your own records. Originals of all required documentation must be present at the time of scheduled enrollment. We will not consider incomplete applications!**