



LOYOLA  
UNIVERSITY  
CHICAGO

Computer Science Dept.

528

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Dear Parent/Guardian:

Illinois Computes ([illinoiscomputes.org](http://illinoiscomputes.org)) is a consortium founded by the computer science departments of Loyola University Chicago, University of Illinois at Chicago, Illinois Institute of Technology, and University of Illinois at Urbana-Champaign. The consortium is currently engaged in a program to help high school students gain a better understanding of computing-related career opportunities, and, especially, to reach out to students from population groups underrepresented in computing. The consortium is funded by the National Science Foundation under the name "Improving Metropolitan Participation to Accelerate Computing Throughput and Success (IMPACTS)". The consortium is directed by Dr. Ronald Greenberg of the Loyola University Computer Science Department, and it has contracted with The Learning Partnership, under the direction of Dr. Steven McGee, to conduct evaluation of the outreach program.

Your child will be attending an information session conducted by a consortium member at your child's school. Your permission is requested to administer a questionnaire to your child to get feedback on the session, which will help improve future presentations. Permission is also requested to collect the following demographic information about your child: grade level, gender, ethnic background, and the student's perception of his/her overall science grades in school. Your child will complete the questionnaire anonymously. All information gathered by researchers at The Learning Partnership will be transcribed into computer spreadsheets at the time it is received. Information recorded in the spreadsheets will be coded anonymously so that the source of the data cannot be determined. Names and any other identifying information will not be used in any publication resulting from this research.

There are no known risks associated with participating in the program. Participation is voluntary. Your child will participate in the information sessions regardless of whether you grant permission for your child to participate in the evaluation study. Your child may withdraw at any time from the evaluation study by returning a blank answer sheet.

Please be aware that under the Protection of Pupil Rights Act 20 U.S.C. Section 1232(c)(1)(A), you have the right to review a copy of the questions asked of or materials that will be used with your students. If you would like to do so, you should contact Dr. Ronald Greenberg at (312)915-7999 to obtain a copy of the questions or materials. You may also direct questions about your child's rights as a research participant to the compliance manager in Loyola's Office of Research Services at (773)508-2689.

Please check one response, sign below and have your child return this form to school.

Yes, I agree to have my child participate in the evaluation of the information session.

No, I do not give consent for my child to participate in the evaluation.

Student name: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Computer Science Dept.

Loyola University Chicago: Lakeside Campuses  
Institutional Review Board for  
The Protection of Human Subjects

Date of Approval: 2-3-09

Approval Expires: 2-3-10

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If you do not wish for your child to participate in the evaluation study, you may complete the form below and return it to your child's teacher.

I do not give consent for my child to participate in the evaluation of the Illinois Computes information session.

Student name: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



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We would like you to anonymously complete a questionnaire to assist in the design of future programs. The questionnaire includes questions about background information (your grade level, gender, ethnic background, and perception of your science grades in school) as well as questions about your perception of today's session. Your data will be combined with data from other students and will not be connected to any identifying information about you. Your name should not be placed on the questionnaire. Names of participating students will not be used anywhere except on the sheet of paper you are reading now, which is used to verify your agreement to participate.

There are no known risks associated with participating in this evaluation, and participation is voluntary. You may skip any questions on the questionnaire that you wish.

If you agree to participate in evaluation of the session that has just been conducted, please sign below.

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Yes, I agree that the anonymous responses I provide on the evaluation questionnaire may be used to assist in the design of future programs.

Student name: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_