

## Positive Coaching Alliance Parental Permission to Release Student Data

We would like your permission to use your child’s information to evaluate the effectiveness of: The Positive Coaching Alliance trainings that we are offering at some schools. We need this data to track your student’s progress and examine if the PCA training is having a measurable effect on your child’s success.

This form tells you about the program and any data that will be used by the evaluation.

As a student athlete, your child will still benefit from the PCA training, even if you do not want us to use the information to evaluate the effectiveness of the program. Your allowing us to use the data lets us improve our program for your child and future students.

### What educational records are needed?

To evaluate this program, we will need to have your permission to ask Hillsborough County Public Schools to provide your child’s data to an external evaluator. This is private information that we must have your approval to use. The requested records are: pre-Post survey results; grades; discipline records; attendance records; district and state test scores.

Federal law (*FERPA*) requires us to keep educational information about your child private. We will keep your child’s records private by *not providing any of the information to anyone not directly involved in the evaluation of PCA training, reviewing analyses and reports to make sure students are not identified, only releasing analyses that do not identify individual students, and only keeping the individual information necessary for analysis for two years.*

We will only use the educational data for the purposes explained in this document, and all copies of your child’s education information will be destroyed or returned to the school district office at the conclusion of the project. No individually identifying educational data will be saved by the researchers.

### What happens if you decide not to let your child take part in this study?

You should only agree to release your child’s information if you want to. You should not feel that there is any pressure to release it. **If you decide not to release your child’s data, or change your mind, your child will still be able to participate in the program, will not be in trouble or lose any of his/her rights.**

### You can get the answers to your questions, or concerns.

If you have any questions, concerns or complaints about this study, call the Athletics Department at 813-273-7536

## Consent for Child to Participate in this Research Study

**I consent to release my child’s data.** I understand that by signing this form I am releasing educational data about my child and I have verified my child’s Hillsborough County Public Schools district ID number (i.e., Student Number).

\_\_\_\_\_  
Printed Name of Child & DOB

\_\_\_\_\_  
7-digit School District ID Number of Child

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

-----Please make a selection below and initial-----

**I DO consent to release my child’s data for the research project. (Parental Initials) \_\_\_\_\_**

**I DO NOT consent to release my child’s data for the research project. (Parental Initials) \_\_\_\_\_**