

Resiliency Town: Parent Consent Form

Thank you for bringing _____ to Resiliency Town. We request that you remain in the library during the 1 hour of the program. In the event that we would need to reach you during that time, please provide your name and number below. Additionally, please provide a backup person and phone number.

Name: _____ Relationship to child: _____

Phone number: _____

Name: _____ Relationship to child: _____

Phone number: _____

Does your child have any allergies? If yes, please specify: _____

I understand that Resiliency Town is being evaluated for effectiveness by the Begun Center for Research and Evaluation at Case. I give permission for my child's and my own responses to the evaluation questions to be included in the research.

Name: _____ Date: _____

Please answer the one evaluation question below. You will be asked a few more questions at the conclusion of the program and we will text or e-mail you several weeks after the conclusion of Resiliency Town with a few follow up questions. Your responses and those of your child are very important to us. **No names will be included in the data summary.**

On a scale of 1-5 – where, 1 = Never and 5 = Always:

How often does your child use words to share their feelings?

1= Never	2= Rarely	3= Sometimes	4= Often	5= Always
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