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# UVU PREP 2017

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## **Acceptance Packet**



SCHOOL COMMUNITY UNIVERSITY PARTNERSHIP

Utah Valley University does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age (40 and over), disability status, veteran status, pregnancy, childbirth, or pregnancy-related conditions, citizenship, genetic information, or other bases protected by applicable law in employment, treatment, admission, access to educational programs and activities, or other University benefits or services.

Title VII of the Civil Rights Act of 1964 prohibits discrimination based on race, color or national origin at any program or activity receiving federal financial assistance. Title VI prohibits racial harassment, and such harassment is prohibited in all facets of educational activities at UVU. If you encounter this type of discrimination/harassment, you can speak with the EEO Director or the Director of Student Conduct. Additional information can be found at: <http://www.uvu.edu/equalopportunity/index.html>

Title IX of the Education Amendments of 1972 prohibits sex discrimination against any participant in an educational program or activity that receives federal funds. The act is intended to eliminate sex discrimination and harassment in education. Title IX covers discrimination/harassment/Sexual Violence in programs, admissions, activities, and student and employee sexual misconduct. UVU's policy against sexual harassment extends not only to employees of the university, but to students and visitors as well. If you encounter sexual harassment or gender-based discrimination (including discrimination or harassment based on pregnancy, pregnancy related conditions, sexual orientation or gender identity), contact the Title IX Coordinator or a Deputy Coordinator. Additional information can be found at: <http://www.uvu.edu/equalopportunity/index.html>

# UVU PREP

## STUDENT PARENT HANDBOOK

### ACKNOWLEDGMENT AND AGREEMENT

The UVU PREP staff is committed to maintaining standards of excellence. We want to ensure that all UVU PREP students are safe and have an environment that allows each one to do his/her best. To be considered for acceptance into this program, applicants must agree to and sign **ALL** conditions and signatures below. Applications will only be considered if all terms are agreed to in order to administer the program to its full benefit with the funds available. No section may be altered, stricken out, or refused.

#### **STUDENT AGREEMENT**

By signing below, I promise to abide by the rules and procedures outlined in the Student Parent Handbook (“Handbook”). I will attend UVU PREP every day as scheduled from June 5 - July 20, 2017 Monday through Friday from 8:30 a.m. – 4:30 p.m. I have read and understand UVU PREP’s requirements for students, particularly those on attendance, dress code, and student behavior. I understand that UVU may decide, in its sole discretion, to remove me from the program after my third absence and/or for violations of the Student Code of Conduct. I will comply with the Student Parent Handbook, my school district’s code of conduct, all UVU PREP policies, and all UVU PREP requirements.

\_\_\_\_\_

(Student Name)

\_\_\_\_\_

(Student Signature)

\_\_\_\_\_

Date

\_\_\_\_\_

(State Student Identification Number)

#### **PARENT/GUARDIAN ACKNOWLEDGMENT AND CONSENT**

I approve of my child’s participation in UVU PREP. I understand this involves a commitment of seven weeks of attendance. I have read and I understand UVU PREP’s requirements for students, particularly those on attendance, dress code and student behavior. I understand that UVU may decide, in its sole discretion, to remove my child from the program after the third absence and/or for violations of the Student Code of Conduct. I understand that my child is required to comply with all UVU PREP policies and requirements.

\_\_\_\_\_

(Parent/Guardian Signature)

\_\_\_\_\_

Date

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#### **PARENT/GUARDIAN PERMISSION** Please read the agreement below and initial each statement.

- \_\_\_\_\_ I give my permission for UVU PREP to share basic information (e.g. name, date of birth, address, grade level, school, final grade, state student identification number, etc.) regarding my child with organizations and/or educational institutions for the purpose of college recruitment, scholarships, training workshops, educational and/or employment opportunities.
- \_\_\_\_\_ I give my permission for UVU PREP to list my child’s name and other basic information, to include quote(s), photograph(s), or video footage of my child in UVU PREP material used for the purpose of public relations, fund raising, recruitment, website, or program or grant reporting.
- \_\_\_\_\_ I give my permission for my child to attend UVU PREP sponsored field trips, held each Friday during the program. I understand that I will be notified in advance of times, places, etc. I also understand that my child may elect to participate in study hall rather than attend Friday field trip or activity. (See Handbook.)
- \_\_\_\_\_ I give my permission for my child’s first and last name and birthdate to be used to create their UVU PREP computer access ID and Password.

\_\_\_\_\_

(Parent/Guardian Signature)

\_\_\_\_\_

Date

# UVU PREP TRANSPORTATION WAIVER

Student Name: \_\_\_\_\_

Parent/Guardian: Please initial the applicable statement(s):

\_\_\_\_\_ I will be the only person providing transportation to and from UVU PREP each day.

\_\_\_\_\_ I give permission for my child to walk to and from UVU PREP each day.

\_\_\_\_\_ Drivers other than myself may provide transportation from UVU PREP.  
(If initialed, please fill out the table below)

To ensure the safety of your child, please list the name and phone number of all individuals who may pick up your child from UVU PREP. Make sure those listed know that pick-up time is 4:30 p.m., and that they are responsible for your child at this time.

Name	Phone Number	Relationship to Student

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## STUDENT HEALTH NEEDS

I understand participating in UVU PREP can provide special challenges and stresses. I understand that if my student has current medical and/or mental health conditions I am strongly encouraged by the University to consult with trained medical and/or mental health professionals and to prepare strategies with my student that may be used should my student experience problems. I acknowledge that I have been strongly encouraged to assess my student's ability to participate in the program and have done so. I also acknowledge that I have been strongly encouraged not to enroll my student to participate in the program if my student's current medical or mental condition does not permit to do so safely and/or if my student is unable to address and treat such conditions on their own without the University's assistance.

I am aware of all my student's personal medical needs, including allergies. I have arranged, through insurance and otherwise, to meet any and all needs of payment for medical costs while I participate in UVU PREP. If my student requires medication while participating in the program, I have made arrangements to have such medication(s) available to my student and that the student will administer these medication(s) without assistance from the University. I recognize that in order to plan meals and trips, it is necessary to be aware of allergy information and will make arrangements to inform the University of such allergies.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date

# UVU PREP INFORMED CONSENT

This is an **informed consent** form for minors, which identifies risks of participating in the UVU PREP program, and a **consent form** for parents/guardians.

Injury may result from your participation in UVU PREP. You are expected to familiarize yourself with the requirements of UVU PREP, including the rules of conduct listed in the Student Code of Conduct, other applicable Utah Valley University policies, my school district's code of conduct and other UVU PREP requirements. You are expected to follow proper UVU PREP operating procedures, including safety procedures as outlined by the course/program instructor, plus any directions given by UVU PREP staff or instructors or by an authorized Utah Valley University employee.

I, \_\_\_\_\_; (name of student) acknowledge that I have familiarized myself with UVU PREP, the requirements in the Student Parent Handbook, and will follow: Student Code of Conduct, my school district's code of conduct, the UVU PREP operating procedures, and any directions given by an authorized University employee.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

The undersigned, parent or legal guardian of \_\_\_\_\_ (hereinafter "student"), a participant in UVU PREP at Utah Valley University, under eighteen years of age, in consideration of participation by student in UVU PREP at Utah Valley University, do hereby agree to this consent.

I recognize that participation in UVU PREP at Utah Valley University may involve moderate to strenuous physical activity and may cause physical and/or emotional distress to participants. There may also be associated health risks. I state that the student is free from any known heart, respiratory or other health problems that could prevent student from safely participating in any of the activities.

I expressly give consent, in the event of injury to student, for any emergency aid, anesthesia and/or operation to student, if in the opinion of an attending physician, such treatment is necessary for student.

I have carefully read and understand the contents of the foregoing consent and I specifically intend it to cover student's participation in UVU PREP at Utah Valley University.

Name \_\_\_\_\_

Signature \_\_\_\_\_

(Parent or Legal Guardian signature if participant is under 18 years old)

For accessibility information or to request accommodations, please contact the Accessibility Services Department at (801) 863-8747 or [asd@uvu.edu](mailto:asd@uvu.edu) . Requests should be made at least one week in advance.

# UVU PREP CONFIDENTIALITY POLICY

The **Family Educational Rights and Privacy Act** (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. At all times, UVU PREP staff members are expected to be positive, respectful and professional as they communicate to or about a student and their family.

All UVU PREP staff keep written records of your child's academic performance and behavior/conduct.

UVU PREP staff must call the Utah Department of Child Protective Services if we suspect a child has been abused or neglected. UVU PREP also must call medical staff or the police if a child is threatening to harm him/herself or another person. UVU PREP's first priority is to keep your children safe. UVU PREP staff must also contact police for any crime occurring during the course of UVU PREP program activities. By law, all school records can be subpoenaed.

Under all circumstances, every effort will be made to respect your right to privacy.

For more information, please call UVU PREP at (801) 863-5800.

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Consent and Media Release Form



NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

I understand that during this course or program for which I am enrolled at Utah Valley University (UVU), or as a model for a specific marketing or advertising campaign, photographs and/or video or audio recordings may be taken of my voice or image for educational or promotional purposes. I hereby grant to Utah Valley University (UVU) a non-exclusive license and right to use excerpts or completed works that may contain either an audio or video representation of myself. I agree and understand that UVU may retain full ownership and usage rights of any photographs taken of me (including digital, transparency, print and/or negative format) in still, single, multiple, moving or video format.

This release and consent includes but is not limited to the following:

1. Make and copyright text, photographs, audio and/or video recordings of my image and voice as part of UVU's educational and related purposes.
2. Use, produce, modify, distribute, and disseminate such materials and projects in any form, manner, or mode of electronic transmission for educational or related purposes.
3. In addition, I agree:
  - a) To allow the use of images of myself, or my child, if applicable, for the following purposes: advertising, promotion, marketing and packaging for any product or service.
  - b) That I have no rights to own, use, publish, inspect and/or approve the images, recordings or advertising, and all rights to the images or recordings belong to UVU University Marketing & Communications and assigns
  - c) That the images or video may be combined with other images, text and graphics in conjunction with their own or a fictitious name, and cropped, altered, edited or modified.
  - d) That I will receive no money or consideration of any kind for usage of images or video from UVU related to this consent and release, and that I will make no further claim for any reason to UVU and/or its assigns.
4. In connection with this consent and release, I discharge UVU, its agents, successors, and assigns from any and all claims and demands arising out of or in connection with the use of my work, talent, image, voice, or performances, including any and all claims for copyright infringement, defamation or invasion of privacy. This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of UVU as well as, the person(s) who took photographs, video and audio recording or other media.
5. I hereby certify and represent that I am over 18 years of age and have read the foregoing and fully understand the meaning and effect thereof. In the case of a child under the age of 18, I state that I am the parent, guardian, or otherwise legally authorized adult capable of giving consent.

Signature (if age 18 or over) \_\_\_\_\_

Signature of Parent or Guardian (if under age 18) \_\_\_\_\_

# NSF Design and Development Launch Pilots: UTAH PREP

## *Informed Consent for Student Participants*

As part of participating in UVU PREP, you will be involved in a research study entitled: **NSF INCLUDES Design and Development Launch Pilots: UTAH PREP.**

- The purpose of this research study, sponsored by the National Science Foundation (NSF), is to evaluate the program, ascertain the impact and effectiveness of UVU PREP, and to create a Statewide Program called UTAH PREP to Broaden Participation in the STEM fields.
- To achieve these objectives, you will be given:
  - A pre- and post-skill test (that will be used to track your proficiency in math).
  - Anonymous pre- and post-attitude surveys that will be used to assess your interest and confidence in math and science, and self-identification in STEM careers.
  - A satisfaction survey evaluating UVU PREP.

The test and surveys results will be used in reports to NSF about the success of the program. Survey results may also be used in presentations and advertisements of the program, as well as in educational research publishing. The risks of this study to you are minimal and there is no cost nor monetary compensation to you for your participation in this study.

- **Confidentiality:** Please do NOT write any identifying information on your questionnaires. Your responses will be anonymous. You may request that all or part of your responses be kept anonymous at any time. Every effort will be made by the researcher to preserve your confidentiality including the following:
  - 1 Assigning code names/ID numbers for participants that will be used on all research notes and documents.
  - 2 Tests, Surveys, and any other identifying participant information will be kept in a locked file cabinet in the personal possession of the researcher. When not necessary for research, all materials will be destroyed

**Consent:** By signing this consent form, I \_\_\_\_\_ (*Name of Student*) confirm that I have read and understand the information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Should you have any questions about the research or related matters please contact: Dr. Daniel Horns at **(801) 863-8582**.

Should you have any questions regarding your rights as a research subject, or if problems arise which you do not feel you can discuss with the investigator, please contact the Institutional Review Board at **(801) 863-8156**.

# NSF Design and Development Launch Pilots: UTAH PREP

## *Informed Consent for Parent(s)/Guardian*

As part of UVU PREP, your child is being asked to take part in a research study. Before you decide whether to allow your child to participate it is important for you to understand why the research is being done and what it involves. *Please take time to read the following information carefully:*

- The purpose of this research study, sponsored by the National Science Foundation (NSF), is to evaluate UVU PREP, and ascertain the impact and effectiveness of the program and to create a Statewide Program called UTAH PREP designed to Broaden Participation in the STEM Fields.
- To achieve these objectives, the UVU PREP research committee will give:
  - Pre- and Post-skills student tests (1hour each) used to track her/his proficiency in math.
  - Anonymous pre- and post-attitude student surveys (1hour each) that will be used to assess their interest and confidence in math and science, and self-identification in STEM careers. Satisfaction Survey evaluating UVU PREP (1hour).
  - A Parent/Guardian Satisfaction Survey (15 min) send to you by e-mail.

The test and surveys results will be used in reports to NSF about the success of the program. Survey results may also be used in presentations and advertisements of the program, as well as in educational research publishing (if any). The risks of this study to you and your child are minimal and there is no cost nor monetary compensation to you and your child for your participation in this study.

- **Confidentiality:** Please do NOT write any identifying information on your questionnaire. Your responses will be anonymous. You may request that all or part of your responses be kept anonymous at any time. Every effort will be made by the researcher to preserve your confidentiality including the following:

Test, Surveys, and any other identifying participant information will be kept in a locked file cabinet in the personal possession of the researcher. When no longer necessary for research, all materials will be destroyed.

**Consent:** I \_\_\_\_\_ (Name of Parent/Guardian) confirm that I have read and understand this consent document and have had the opportunity to ask questions. I understand that my child's participation is voluntary and that I am free to withdraw my child at any time, without giving any reason, and without my rights being affected. I will be given a signed copy of the consent form to keep.

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Child's Name (Print)

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Parent/Guardian Name (Print)

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Relationship to Child

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Parent/Guardian Signature      Date

Should you have any questions about the research or related matters please contact: Dr. Daniel Horns at (801) 863-8582.

Should you have any questions regarding your rights as a research subject, or if problems arise which you do not feel you can discuss with the investigator, please contact the Institutional Review Board at (801) 863-8156.

## **Parental Permission Evaluation of the STEMLink Afterschool Program**

As a participant in a STEMLink Afterschool Program, your child will be asked to complete online questionnaires. Beginning in the fall of 2014, the questionnaire will be administered twice a year for three years and is part of an evaluation of the STEMLink Afterschool Program. Before you decide if your child should participate in this study by completing the questionnaire, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information.

The purpose of this study is to evaluate the Science, Technology, Engineering, and Mathematics (STEM) afterschool program in which your child participates. The Utah Department of Workforce Services (DWS) has asked the Utah Education Policy Center (UEPC) at the University of Utah to conduct an evaluation of the STEMLink Program. We are doing this evaluation order to better understand how the STEMLink Program can be improved because the STEM fields have been targeted as important areas for education and future employment for Utah's students.

We would like to ask your child to complete an online questionnaire that will take approximately 15 minutes to complete. The questionnaire includes questions about the quality of the STEMLink Afterschool Program, her or his interest in STEM subjects and career aspirations, and outcomes associated with participating in the afterschool program. Your child will also be asked to provide her or his name, birthdate, and gender. The survey data files will be secured in password protected electronic files that UEPC personnel will access using UEPC's password protected computers. Only UEPC personnel will have access to the survey data and your child will not be identified in any UEPC evaluation reports.

There are minimal risks to your child, besides the mild discomfort that might be associated with responding to the questionnaire. There are no direct benefits to your child for participating in this study. However, the overall goal of this study is to learn how to improve the educational quality of the STEMLink Program, which could have long term benefits for your child and for other students.

If you have any questions or complaints about this evaluation or if you feel you have been harmed by this research please contact Dr. Cori Groth, Associate Director, UEPC, 801-581-5177.

Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns which

you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at [irb@hsc.utah.edu](mailto:irb@hsc.utah.edu).

Participation in this study is voluntary. You can choose for your child not to take part. Your child will be given the choice to participate when the questionnaire is administered and she or he can choose at that time to participate or to not participate. Choosing not to participate in the study will not affect your child's relationship with his or her teachers or STEMLink program activity leaders. Your child can choose not to finish the questionnaire or omit questions he or she prefers not to answer without penalty or loss of benefits. The questionnaire will be administered online, during the afterschool hours.

I confirm that I have read this parental permission document and have had the opportunity to ask questions. **I agree to allow my child to participate in this STEMLink evaluation.**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child for Parent/Guardian



## Travel Release of Liability for UVU PREP

I \_\_\_\_\_, the parent or guardian of the undersigned Participant, who is under 18 years of age, give consent for my child's participation in activities or field trips and in traveling to and from such activities or field trips, associated with Utah Valley University's (the "University") UVU PREP's program during June and July of 2017 (the "Program").

I understand that voluntary participation in activities or field trips and in traveling to and from such activities or field trips during the Program could involve risk of physical injury, illness, death or property loss, and despite undertaking reasonable safety precautions, the University cannot guarantee my safety, as all risks cannot be prevented. Utah Valley University does not provide health or accident insurance for trip participants, and I understand that any medical expenses, property loss, or other personal expenditures that result during or from any activities or field trips and in traveling to and from such activities or field trips during the Program are to be borne by the Participant's parent or guardian.

I understand that if I have any risk concerns regarding the activities, field trips, and/or travel, I should discuss the risks associated with my child's participation with the activity coordinators before I sign this document and before the activity, field trip, and travel begins.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Child/Participant

\_\_\_\_\_  
Date of Signature