REFUGES 2017 Summer Program

Parent Fact Sheet (Start date: June 12, 2017. End date: August 4, 2017)

REFUGES (Refugees Exploring the Foundation of Undergraduate Education in Science) Summer Program, operated by the University of Utah’s Center for Science and Mathematics Education in collaboration with the Sudanese Community in Utah (SCUT), is offered for students in grades 7-12. The program operates Tuesday, Wednesday, Thursday (9:00am-3:00pm) at the University of Utah and on Saturday at the Refugee Education & Training Center (10:00am – 3:00pm). The program runs from June 3, 2017 – August 4, 2017 with breaks for school holidays.

The University of Utah is committed to protecting minors participating in University programs. If you, as a parent/guardian, have concerns about any misconduct in connection with the above named Event/Program, please contact the University’s Office of Equal Opportunity and Affirmative Action at (801) 581-8365.

***Schedule and Location for Summer 2017*** (location, duration and time is subject to change)

<table>
<thead>
<tr>
<th>Program Weekday Location:</th>
<th>Program Saturday Location:</th>
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<tr>
<td>University of Utah</td>
<td>Refugee Education &amp; Training Center</td>
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<tr>
<td>155 South 1452 East, UT 84112</td>
<td>3900 S 250 W, Salt Lake City, UT 84107</td>
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<tr>
<td>INSCC room 452</td>
<td>S (10:00am-3:00pm)</td>
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Applications for REFUGES Summer Program must be received by June 5, 2017. Mail Complete applications to: REFUGES Program, c/o CSME (155 S 1452 E, INSCC Room 452, Salt Lake City, UT 84112)

In the REFUGES Summer 2017 Program your student will receive:
- Graphic and Robotics Exploration with the Amazing Technology (GREAT)
- Intro to 3D Modeling, Programming & Hacking with Minecraft
- Math Programming
- ACT Preparatory Course
- Enrichment activities (swimming, visiting museums, parks, and libraries)
- Hands-on workshops related to Science, Math and Engineering. Field trips on and off the University of Utah campus
- Lunch during program time

Please be prepared:
- Students are admitted to the REFUGES program on a first-come, first-served basis. Completion of Student Registration Form does not guarantee enrollment.
- Please let us know on the Student Registration Form if there are any food allergies/dietary restrictions. Make sure to add any allergies (food, drug, bees, etc.) and complete the medical information section.
- If your child is admitted to the program, your child must attend at least 90% of the program or risk losing transportation (transportation is provided by taxi cabs and/or a SCUT van). If your child cannot attend, you must give your cab driver 24-hour notice or risk losing transportation privileges. No eating or drinking is permitted in cabs.

Student Conduct:
If a student is impairing the physical or emotional well being of fellow students, drivers or staff, the parent/guardian will be contacted and the student may be terminated from the program. If your child has a disability and would like to request accommodations, please notify the Director before the program starts.

Management Contact:
Tino Nywelo, REFUGES Director: tnyawelo@physics.utah.edu
Noble Williamson, REFUGES Site Coordinator: (801) 694-0971
REFUGES 2017 Summer Program

REFUGES (Refugees Exploring the Foundations of Undergraduate Education in Science) Afterschool Program is a University of Utah program offered by the Center for Science and Mathematics Education in collaboration with Sudanese Community in Utah (SCUT). REFUGES provides refugee and new American students in grades 7-12 with academic support, educational enrichment, recreational activities, social development, and assistance with college applications. Activities include:

- Graphic and Robotics Exploration with the Amazing Technology (GREAT)
- Intro to 3D Modeling, Programming & Hacking with Minecraft
- Math Programming
- ACT Preparatory Course
- Enrichment activities (swimming, field trips, visiting museums, parks, and libraries)

In order for your child to attend our program(s), please fill out this form completely. Students are admitted on a first-come, first-served basis; completion of this form does not guarantee enrollment. All information provided will be kept confidential.

Student Information

Student’s Name: ____________________________________________

Student’s identification #: _________________________________

Date of Birth: _______ Age: ______ School: ___________________ Grade: ______

Address of residence:

___________________________________________________________

(Street) (City) (State) (Zip)

Parent/Guardians’ Names: ________________________________

Relationship to Child: _______________________________________

Parent/Guardians’ Phone Numbers Home: __________ Work: _______ Cell: __________

E-mail Address: __________________________________________

Emergency Contact Name and Phone Number: __________

Student Cell Phone Number: ____________ Student Email Address: __________

Medical Information

1. Does your child have any medical/mental condition(s) and/or any learning disabilities that we should be aware of?

YES ___  NO ___  If yes, please explain __________________________________________

2. Does your child take any medication? (Please note that we do not administer any medications.)

YES ___  NO ___  If yes, please name any medication your child is taking and the dosage and times:

________________________________________________________________________

3. Does your child have any allergies to food, drink or environmental conditions such as bee stings?

YES ___  NO ___  If yes, please explain_________________________________________

4. Does your child have any dietary restrictions (non allergy related)?

YES ___  NO ___  If yes, please explain_________________________________________
REFUGES 2017 Summer Program

Transportation Information (transportation is not guaranteed and is based on location) additionally there will be no transportation on Saturdays

Does your child need regular transportation to/from our program? YES____ NO____

Primary insurance coverage in the event of a vehicle accident is with the vehicle transporting the student. The REFUGES program and cooperating schools, agencies or businesses, and their employees, are not responsible for damage or personal injury as students are transported to and from designated program locations.

Photography/Media Release

Do you give permission for your child’s name and/or picture and/or written statements to be used in films, videos, media releases, publications, or other materials produced to promote the program? YES____ NO____

Evaluation Release

Evaluation activities will be conducted for program tracking and improvement purposes. These activities may include general program satisfaction surveys, content knowledge assessments, and entrance/exit surveys pertaining to academic/social needs. Your child’s academic records may also be accessed in order to help us track progress and design appropriate educational interventions. When applicable, parental assent documents will be distributed before surveys are administered. Participation in this evaluation studies is voluntary. You can choose for your child not to take part. Your child will be given the choice to participate when the surveys is administered and she or he can choose at the that time to participate or not participate. Choosing not to participate in the study will not affect your child’s participation in REFUGES program activities.

Please sign below if permission is given for the following:

- I understand that Photography/Media Release, Evaluation Release and Prevention Education are voluntary and I will complete the associated forms (FERPA and Prevention) if my child has my permission to participate.
- I give permission for my child to ride in taxi cabs coordinated by the REFUGES program, and/or in the van operated by SCUT. I also grant permission for my child to ride in buses, vans, cars, or bikes hired, rented, or driven by REFUGES staff or volunteers to transport my child on field trips during the afterschool program.
- I give permission for my child to engage in outdoor/recreational activities on- or off-campus.
- I authorize REFUGES employees and volunteers in charge of the students to obtain all necessary emergency care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment to my child.
- I agree to release, waive, covenant not to sue, and hold harmless the University and all of their officers, employees and agents (collectively the “Releasees”) from the cost of any medical care that Participant receives as a result of participation in the Program. I agree to release Releasees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney’s fees or harm of any kind or nature to me arising out of Participant’s participation in the Program. This release extends to any claim made by parents/guardians or their assigns arising from or in any way connected with the aforementioned activities.
- I agree that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law. I shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

I HAVE READ AND UNDERSTAND THIS FORM IN ITS ENTIRETY.

______________________________
Parent or Guardian Signature

______________________________
Date

______________________________
Translator Name (if applicable)

______________________________
Date

For office use only

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Parent/Guardian Consent Form
Request for Release of Student Records

You, or your student, ____________________________________________, receives education support services from one or more organizations that are a part of the University of Utah's Center for Science and Mathematics Education REFUGES (Refugees Exploring the Foundation of Undergraduate Education in the Sciences) program, which has been organized to promote the success and academic achievement of underrepresented and refugee students in grades 7-16. Collaborators on REFUGES include community organizations, schools, parents, and faith-based communities.

In order to implement effective programs, REFUGES is requesting access to personally identifiable academic student data including grades, progress reports, attendance records, discipline records, graduation records, and registration records. The participating student’s school and/or district may be asked to provide information directly to REFUGES, and/or participating students may be asked to provide the information. It may be necessary to share records, information, or data gathered by REFUGES with other community organizations such as the Sudanese Community in Utah (SCUT), and/or with school officials such as teachers, principals, and guidance counselors.

The Family Education Rights and Privacy Act (FERPA) protects students and parents by prohibiting third parties from accessing student records, information, or data without express authorization from the student, or from a parent or guardian if the student is under 18. Exceptions to this general rule exist in cases where information is being requested by school officials with legitimate educational interests, in health and safety emergencies, pursuant to a lawfully issued subpoena, and in some other cases.

By signing below, you provide express written consent and authorization to REFUGES to access your/your student’s education records, information, or data from the student’s school or school district. The purpose for accessing or sharing records, information, or data related to your student is to better provide supplemental education services. Accessing or sharing records, information, or data will be done with the express purpose of promoting your own student’s academic success and achievement. No records, information, or data will be used for any purpose other than a legitimate educational interest.

The Consent will remain in effect until and unless it is revoked by the parent, guardian, or adult 18 years or older who signed it, or if signed by a parent or guardian, at the time the student turns 18. Parents, guardians, and adults 18 years or older have the right to revoke this consent and authorization at any time if said individuals do not want records information, or data shared with a particular entity, or if the individuals believe the sharing of records, information, or data is not in their best interest or that of their student. They also have the right to obtain copies of any information about said individual that is disclosed under this consent form.
REFUGES 2017 Summer Program

I have read the above and consent to give REFUGES access to my records, information, or data or that of my child/student.

Parent/Guardian Name (print)  

Parent/Guardian Signature  

Parent/Guardian Email (print)  

Name of School  

Today's Date  

Student's Full Name (print)  

Student ID  

Student Date of Birth  

If you worked with an Interpreter on this Waiver, please put the Interpreter's Name Above  

Adult Student (complete only if you are completing this Waiver for yourself and are an adult student)  

Adult Student Full Name (print)  

Today's Date  

Adult Student Signature  

Adult Student Email (print)  

Adult Student Date of Birth  

If you worked with an Interpreter on this Waiver, please put the Interpreter's Name Above  

With questions about this Waiver, please call the REFUGES program at 801-585-1985.
Evaluation of Afterschool Programs
Parental Permission

As a participant in an afterschool program, your child will be asked to complete online questionnaires. The questionnaires are part of an ongoing evaluation of Utah’s afterschool programs. Before you decide if your child should complete the online questionnaires, 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 the questionnaires is to evaluate the 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 your child’s program. We are doing this evaluation in order to better understand how afterschool programs can be improved.

We would like to ask your child to complete online questionnaires that will take approximately 15 minutes to complete. The questionnaires includes questions about the quality of the afterschool program, your child’s attitudes and interests, 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 are secured in a password protected environment. Your child will never be identified in any reported findings or 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 your afterschool 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.

Completing the questionnaire 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 will not affect your child’s relationship with his or her teachers or afterschool 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 complete the online questionnaire.

___________________________________________
Child's Name

___________________________________________
Parent/Guardian's Name

___________________________________________
Parent/Guardian's Signature    Date

___________________________________________
Relationship to Child for Parent/Guardian