INSERT DATE

Dear INSERT STUDENT NAME,

Congratulations! On behalf of the Bridge to Employment (BTE) team, we are pleased to announce that you have been selected to join the BTE Class of INSERT YEAR! We were impressed by your academic achievements thus far and the commitment you have illustrated towards your future. We look forward to having you join the BTE program and are excited to begin working with you and helping you realize the potential you have to pursue your dreams!

The first year of our program is sure to be an exciting one with many new experiences and opportunities that have all been designed to help you learn and grow. Some of the things you should expect to encounter this year include:

INSERT BULLETED LIST (SAMPLE BELOW)

* Being paired with your Johnson & Johnson mentors
* Completing an Applied Learning Project
* Participating in company tours at Johnson & Johnson
* Visiting at least three college campuses
* Participating in class sessions once a month on Saturdays from 8:00 a.m. to 1:00 p.m.
* Networking with BTE alumni
* Participating in job shadowing experiences (\*open to a select number of students)
* Participating in monthly afterschool Work Readiness Workshops

The Johnson & Johnson lead volunteer for this program, known as the BTE Champion, is INSERT NAME (INSERT EMAIL, INSERT PHONE). The local Site Coordinator for this program, who will join program events and be your primary point of contact is INSERT NAME (INSERT EMAIL, INSERT PHONE)

The “Kickoff” for our program will be held on INSERT KICKOFF DATE at INSERT LOCATION (more information to follow). INSERT EXPECTATIONS (SAMPLE LANGUAGE PROVIDED). All accepted students and at least one parent will be expected to attend the “Kickoff” event. The program will continue throughout the academic year, with the monthly sessions ending in INSERT DATE.

Please be advised that we have students on a wait list for admittance into the program. As such, we request that you contact the BTE Site Coordinator, INSERT NAME, with any questions you may have and to confirm your acceptance to the program before INSERT DATE.

Please take a moment to review the enclosed forms with your parent(s)/guardian(s). All BTE participants are asked to return these forms with parent/guardian signatures at the BTE Kickoff event.

We hope you enjoy the remainder of your summer and are excited to begin this new journey with you! Congratulations on such a wonderful achievement!

Sincerely,

INSERT EXECUTIVE SPONSOR NAME

INSERT BTE CHAMPION NAME

INSERT SITE COORDINATOR NAME

**Parental Permission for Student Participation in BTE Evaluation Activities**

**Program**: Bridge to Employment (BTE)

**Introduction**: You are being asked to give permission for your child to participate in evaluation activities associated with Bridge to Employment program. The evaluation will help us determine the effectiveness of the program and identify ways to improve the program services. We want to ensure you understand the procedure and how we will handle the information your child provides to us, so you can decide if you want them to participate.

**Procedure:** Two evaluation activities will be conducted annually: Student survey and student focus group.

In both activities, student participants will be asked about their experiences with BTE program, thoughts about BTE activities, how the program is working for your child and other students, and any suggestions for how the program could be improved for students.

Your child’s participation is completely voluntary and there is no penalty if they do not take part. Refusal will not affect your child’s participation in the Bridge to Employment program. Your child will be also asked if they want to be in the group discussion, or not – if they do not want to be, that is fine. Your child can also decide not to answer specific questions and/or stop participating at any time, for any reason in the discussion. Your child does not have to provide a reason for not answering questions or for deciding to stop participating.

**Participant selection:** All BTE participants will be asked to participate in the student surveys. Program participants identified as student who might provide useful comments and feedback about his/her experiences will be asked to participate in the focus group.

**Possible Risks and Benefits:** There is a small chance that one or more of the discussion questions might make your child feel uncomfortable. If this occurs, your child should feel free to not answer that question. Although we will protect what your child says to us, there is always a chance someone may find out what they have said in the group discussion since they are with other students.

There is no direct benefit to your child in participating, however, his/her comments will help understand how well BTE is working for students and ways the programs might be improved.

**Confidentiality**

The focus group will be held in your child’s school in a private place where others cannot hear what the group members are saying. Evaluation staff will run the discussion, and handwritten notes will be taken. These notes will not be shared with anyone outside of the evaluation team and will only be used to develop reports. The notes will be destroyed once the reports have been finalized.

Data from the surveys will be used only for group level reports. Student identifiable data will not be provided to the evaluators. All data related to evaluation will be destroyed per the data sharing agreement with your child’s school/school district.

We will not include your child’s name, or any other students’ names, in any written evaluation notes taken during the discussion or in any evaluation reports. Reports about the discussion groups will be written by combining all of the students’ responses, from all of the groups.

To protect the privacy of group members we will ask group members not talk about who was in the group or what was said with others who were not in the group. Since we cannot stop group members from telling others what was said -- others outside the group may learn something about your child or other group members.

**Compensation:** There will be no compensation for your child’s participation in the survey or focus group discussion.

**Contact for Questions**: If you have any questions about this evaluation, you may contact Dr. Pamela Carter at 1.202.884.8179 or pcarter@fhi360.org who works at FHI 360 in Washington DC and is the primary evaluator. Or you may contact the local evaluator listed below:

LOCAL EVALUATOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Giving of Consent:**

I have read this consent form and I understand what is being requested of my child as a participant in this study.

❑ I freely consent for my child to participate.

❑ I do not consent for my child to participate.

Please print clearly:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 (Parent/Guardian Name) (Signature of Parent/Guardian) Date

**CONSENT AND RELEASE**

I hereby grant Johnson & Johnson, FHI 360, INSERT NAME OF HIGH SCHOOL AND COORDINATING ENTITY, its successors, assigns, licensees, and affiliated entities (collectively “J&J”) the absolute and irrevocable right and permission to use, create, reproduce, distribute, transmit, adapt, create derivative works of, publicly perform, publicly display, publish, license, sell, and otherwise use and permit others to use in any manner, my name, biographical and occupational description, testimonial, picture, image, appearance, likeness, voice, video, signature, and other personal characteristics and information, and all materials created by or on behalf of J&J and FHI 360 that incorporate any of the foregoing (collectively, the “Authorized Material”), in whole, or in part, composite or distorted in character or form, without restriction as to changes, on an irrevocable, perpetual, worldwide, paid-in-full, royalty-free basis throughout the world and in all forms, formats, and media, including, but not limited to, television, radio, print, social media, internet websites, and any and all other forms of media, which now or hereafter may exist, for any purpose, including, but not limited to, advertising, training, publicity, and promotion of J&J and FHI 360 and their businesses, products, and services. Further, I hereby assign to J&J and FHI 360 any and all of my worldwide right, title, and interest in and to the Authorized Material and intellectual property rights therein, and authorize J&J and FHI 360 to attribute to me any statements and/or testimonials contained in the Authorized Material that are true expressions of my personal experiences and beliefs.

I hereby waive any and all rights to review or approve J&J and FHI 360’s use of the Authorized Material and agree that J&J and FHI 360 may exploit, edit, or otherwise modify the Authorized Material, and combine the Authorized Material with materials furnished or created by others, without my further review or approval. I agree that I shall have no claim to additional compensation or benefit and no claim (including, without limitation, claims based upon invasion of privacy, defamation, moral rights, or right of publicity) arising out of any use or any blurring, distortion, alteration, optical illusion or use in composite form, whether or not intentional, of the use of the Authorized Material. I hereby release J&J and FHI 360 from any claim that I might otherwise have as a result of any such use, sale, display, performance, adaptation, transmission, or publication, and I acknowledge that J&J and FHI 360 have no obligation to use the Authorized Material or exercise any of the rights granted herein.

This Release is binding on and inures to the benefit of the parties hereto and their respective successors and assignees. This Release is governed by the laws of New Jersey, without giving effect to New Jersey’s conflict of laws rules to the extent those rules would require applying another jurisdiction’s laws. Any action or proceeding arising out of or relating to this Release must be commenced in, and I hereby consent to, the exclusive jurisdiction of, the federal and state courts located in New Jersey. If a court of competent jurisdiction holds unenforceable any provision of this Release, (i) that provision is to be construed either by modifying it to the minimum extent necessary to make it enforceable (if permitted by law) or disregarding it (if not), and (ii) all other provisions of this Release are to remain in effect as written. I have read and understand the contents of this Release prior to its execution and have voluntarily signed this Release

I hereby represent that I am of legal age or that I am represented by my legal guardian who is of legal age and has every right to contract on my behalf in my own name without violating any other commitment. I state further that I have read, or have had read to me, the above authorization and release, prior to its execution, and that I duly understand the contents thereof.

PARTICIPANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (please print)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF A MINOR:**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_