Evaluation Consent Form

PROGRAM ADMINISTRATION SCALE

Thank you for your willingness to participate in an assessment of your early childhood program's administrative practices. The individual conducting your assessment recently completed training on how to use the *Program Administration Scale* (PAS) to measure leadership practices. This individual will submit your PAS assessment to the McCormick Center for Early Childhood Leadership for review to determine eligibility for approval as a Certified PAS Assessor.

The McCormick Center is interested in using the data collected from your assessment and assessments throughout the country to conduct research and maintain data on PAS national norms. We are seeking permission to include your program's data in the national PAS dataset. If you consent to allow the use of your program's data, it may be combined and analyzed with hundreds of programs across the United States. All identifiable information (e.g., your name, program's name, address, etc.) will be removed from all data analysis so that your identity and your program's identity will be kept confidential. Program data will not be analyzed or reported individually.

The results of any research conducted with this data may be presented at professional conferences and/or published in journals, books, or other resources related to early childhood education. Findings from such studies will help improve the quality of administrative practices in center-based early learning programs.

In the event you have questions or require additional information please contact:

Robyn Kelton, Director of Research and Evaluation
Robyn.kelton@nl.edu | (847) 947-5698

❑ I **give** permission for the unidentifiable data from my program's PAS assessment to be included in the national PAS dataset.

❑ I **do not give** permission for the unidentifiable data from my program's PAS assessment to be included in the national PAS dataset.

_____

Program Name

_____   _____   _____

Street Address   City   State   Zip

_____   _____   _____

Participant Name (Please Print)   Participant Signature   Date