

2016-2017 Program Details



Dear Bache-Martin Families,

This year, 7th graders at Bache-Martin will be participating in Spark, a yearlong workplace-based mentoring program. In the fall, students will go on field trips to different companies and will have the opportunity to earn a spring mentorship by a company professional, contingent upon successful fall participation. Spark is a unique opportunity for your student to experience potential careers while building key skills for a successful high school transition.

Spark will take place on Friday afternoons from 1:00-4:00pm. In the fall we will be dividing up into two groups (Green and Orange) that will alternate traveling to companies every other week. We will provide more information on which group your student will participate in after your student is enrolled.

To enroll your student, please keep this page for your records, and return the attached packet to Mrs. Weiner. Below is a schedule of both the fall and spring program.

Spark Fall 2016 Career Experience (Spark Lab) Details			
Green Group Dates and Location		Orange Group Dates and Location	
Orientation - Friday, 9/23 2:30-4:00pm	Bache-Martin School	Orientation - Friday, 9/23 2:30-4:00pm	Bache-Martin School
Lab 1 - Friday, 10/7 1:00-4:00pm	Steelcase 1650 Market St.	Lab 1 - Friday, 10/14 1:00-4:00pm	Deloitte 1700 Market St.
Lab 2 - Friday, 10/21 1:00-4:00pm	Gensler 2005 Market St.	Lab 2 - Friday, 10/28 1:00-4:00pm	Deloitte 1700 Market St.
Reflection - Friday, 11/18 2:30-4:00pm	Bache-Martin School	Lab 3 - Friday, 11/4 1:00-4:00pm	Deloitte 1700 Market St.
Lab 3 - Friday, 12/2 1:00-4:00pm	TBD - Stay tuned!	Reflection - Friday, 11/18 2:15-3:30pm	Bache-Martin School
Lab 4 - Friday, 12/16 1:00-4:00pm	TBD - Stay tuned!	Lab 4 - Friday, 12/9 1:00-4:00pm	Deloitte 1700 Market St.
Reflection - Friday, 12/23 2:30-4:00pm	Bache-Martin School	Reflection - Friday, 12/23 2:15-3:30pm	Bache-Martin School

For both fall and spring, students will travel to companies as a group on SEPTA, chaperoned by Spark and school staff. Parent volunteers are welcome to help chaperone!

For more information - or to sign up to chaperone! - please contact Spark Lead Teacher Mrs. Weiner or Spark Program Coordinator Heather Lewis at hlewis@sparkprogram.org or (267) 328-4306.



Parent Confirmation Packet

Student Participation Form

Student Full Name: _____

School Name: _____

Current Grade: _____ Student Cell Phone Number: _____

Birthday(mm/dd/yyyy): _____ Student Email Address: _____

Student Home Address: _____

Family and Emergency Contact Information

	Primary Parent/Guardian	Other Parent/Guardian	Emergency Contact (Different contact than previously listed parents/guardians)
Full Name			
Relationship to Student			
Preferred Language			
Home Address			
Home Phone			
Employer			
Work Phone			
Cell Phone			
Email Address			

***The primary guardian is the person with whom the student lives the majority of the time.*

Student Medical Information

Insurance Carrier (Optional): _____ Policy Number (Optional): _____

Allergies/Dietary Restrictions/Chronic Health Conditions or Other Concerns (REQUIRED):

The attached pages summarize Spark's responsibilities to you and your child, as well as your responsibilities as a parent/guardian of a Spark participant. Please read the next pages carefully and indicate your agreement by completing the required information and signatures.



Parent Confirmation Packet

Parent Consent and Release of Liability

My “Child” wishes to participate in Spark Program Inc’s apprenticeship program (the “Program”). I understand and agree that participation in the Program is a privilege, and that I am agreeing to everything written in this Parent Consent and Release in exchange for my Child’s right to participate in the Program. I understand that Spark is relying on the promises and statements that I make in this document and that Spark has only allowed my Child to participate in the Program because it trusts that my promises and statements are true.

1. Waiver and Release - I understand that my Child’s involvement in the Program (including receiving rides to and from the apprenticeship) may involve some serious risks. For example, property owned by myself, my Child or some other person may be damaged or, my Child or another person may be injured, get sick or even die during my Child’s involvement in the Program, including during transportation to or from my Child’s apprenticeship or as a result of receiving medical care, or after my Child is no longer involved in the Program as a result of something that happened during my Child’s apprenticeship. I accept all risks of my Child’s involvement in the Program, even those risks that I do not know exist. I agree that I will not hold Spark Program, Inc., its directors, officers, employees, volunteers, and agents (collectively, “Spark”) legally responsible in any way for any risk or for any harm, injury, illness, death or monetary costs that I or my Child might suffer because of or in any way connected to the Program. I further release Spark from any and all claims that I or my Child may have against any of them arising from or related to any and all such risks. I am agreeing to everything in this paragraph on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of my Child and me.

2. Medical Certification and Consent for Medical Treatment - I promise that I have indicated any and all of my Child’s special dietary needs, medical treatments and medications as well as all necessary medical information by writing them on the Student Participation Form. I understand that Spark does not provide health, accident or liability insurance to my Child or to me. I further understand that while Spark will attempt to contact me in order to approve medical treatment or make for my Child, I will not hold Spark liable for any failure to do so. In particular, if my Child needs any medical care, including first aid, surgery or administration of drugs, blood or anesthetic and Spark cannot contact me or there is no time for Spark to contact me because it is an emergency, I expressly give my permission for Spark, in its good faith judgment, to call for and authorize any medical services for my Child. I understand and agree that Spark assumes no responsibility for any injury or damage that might arise out of or in connection with any such medical service or treatment.



Parent Confirmation Packet

3. Transportation Acknowledgment - I understand my Child may need to travel to and from his/her apprenticeship or other Program events or sessions in order to participate in the Program and hereby request and grant permission that my Child may be transported by a licensed third party driver such as a private charter bus or school bus hired by Spark, or may walk, or use public transportation. I understand that in some circumstances my child may be also transported by any other mode of transportation that Spark, in its sole discretion, determines to be appropriate, including but not limited to carpool arrangements with other Spark families, by his or her Spark mentor, by a school or Spark employee, by Spark volunteers or other Spark agents. I understand that while safety is a top priority for the organization, Spark has not and cannot make any promise regarding the safety of any transportation arrangements. Moreover, I understand that Spark has no control over children who are not present at the appropriate times and places scheduled for pick-up, or over children or families who choose alternative travel methods outside of Spark sponsored-transportation arrangements. I hereby release and agree to hold harmless Spark and its agents from any liabilities which have or may arise in connection with any such transportation arrangements.

4. Optional Media Release - I hereby grant permission to Spark to use and publicly display (including in brochures, booklets, videotapes, reports, press releases, websites, social media, and mobile applications, in each case in any medium) any image or recording in which my Child appears (and any derivative works thereof), to use and cite any comment(s), verbal or written, made by my Child in connection with the Program, and to use my Child's name and likeness in connection with any such use or display and in such manner as determined by Spark. I acknowledge that Spark has no obligation to use my Child's image, comments or name in connection with the Program. I further hereby waive any right to inspect or approve publications containing my Child's image, comments or name, whether that use is known to me or unknown. I also understand that my permission to use my Child's image, comments, name and likeness requires no notice regarding any particular use and is for an unlimited duration. Neither I nor my Child will receive any compensation for granting this permission or for the use, if any, by Spark of my Child's image, likeness, comments or name. I hereby unconditionally release Spark from any and all claims and demands that may arise out of the activities authorized under the terms of this release.

I understand that this release is entirely optional and will not impact Spark's ability to enroll my Child in the Program. Please check yes or no to indicate your agreement to this

Optional Media Release: Yes No

To be completed by PARENT/GUARDIAN:

Student's Name (Print): _____ Date: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

To be completed by STUDENT:

Student Signature: _____ Date: _____



Parent Confirmation Packet

This page intentionally left blank



Parent Confirmation Packet

Parent Authorization to Participate in the Spark Evaluation

Please review the information below and indicate if you agree for the release of this information for use in the Spark evaluation.

By signing below, I agree to allow my child to participate in the Spark evaluation, and I understand that participation includes:

- Submitting information about my views and experience in the Spark program through a 30 minute written survey
- My child will submit information about their views and experience in the Spark program through 30 minute written surveys in the beginning and end of the program
- My child's teacher/s and/or mentor will complete a 30 minute written survey about my child
- I may withdraw my consent at any point by providing written notice to Spark and this will not affect my child's eligibility to participate in the Spark program
- All information will be kept confidential by the Spark staff

My child's name is _____ Date of Birth _____ Grade _____

YES, I permit my child to participate in this research study.

OR

NO, I do not permit my child to participate in this research study.

Print

Parent/Guardian Name

Signature

Parent/Guardian Name

Date

For the evaluation, we would like to collect the following school records data about your child from your school district. Please check which data you agree to share:

- Quarterly & Final grades (quarters 1, 2, 3 and 4) from 6th, 7th, and 8th grade
- Attendance from 6th, 7th, 8th grade
- Discipline reports for 6th, 7th, and 8th grade
- Name of the High School my child enrolls in for 9th grade
- Freshman on track rate (a 9th grade measure based on course failures)



Parent Confirmation Packet

Permission to Participate in the Spark Evaluation

What is the purpose of this research?

The Spark evaluation is being conducted by Spark to learn how our programs can best meet the needs of youth. This study is being conducted by members of the Spark national office (not those staff members working in your child's school). All youth who participate in Spark are invited to join this important study.

What is required for participation in this study?

Because we value your observations about our program as well as your child's, *both parents and students will each be asked to complete a 30 minute survey at the end of the program.* Students will also be asked to complete a brief 10 minute survey before the program begins.

What additional information is needed for participation?

Your child is enrolled in Spark's apprenticeship program. As part of this program, your child will receive services & support from Spark during their 7th grade school year and participate in the 8th and 9th grade high school transition program. If you agree to participate in this evaluation, we will collect information from you, your child, your child's teachers and mentors about how they feel about the Spark program and your child's skills and growth during this program. In order to understand the effectiveness of our program, we would like to collect information from your child's school or school district about your child's performance in school before (6th grade), and during (7th, 8th and 9th grade) their participation in the Spark program.

What are the benefits and risks of this study?

The information gathered for this study will help Spark understand how successful the program is at helping children understand how to be successful in middle school, high school and beyond. There may be no direct benefits to you or your child. However, we also do not anticipate any risks to you or your child.

Is participation in the study voluntary, if so are there other options?

Yes. You and/or your child do NOT have to participate in the evaluation. If you do not want your child to participate, his/her name will not be sent to the Spark national office and your child will not be included in the study. Your child can attend the program even if he or she does not participate in the study, and your child can participate in the program even if you do not choose to participate in the study. There is no penalty if you and/or your child does not participate in the study. But we hope you will help us learn about the Spark program by letting your child participate.

How are my child's privacy rights and confidentiality protected?

All collected information will be kept confidential, and identifying student ID numbers and parent names will not be linked to specific student data or survey answers. Spark will destroy records once students have completed high school or leave their current school district.

Parents please be aware that under the Protection of Pupil Rights Act. 20 U.S.C. Section 1232(c)(1)(A), you have the right to review a copy of the questions asked of or materials that will be used with your students.

Who can I contact for more information?

If you have any questions about the study, please contact Kathleen St. Louis Caliento, Chief Program Officer (312) 470-4300 x 4508. In addition, if you have any questions about your rights as a research participant, please contact New England IRB at 1-800-232-9570. You will be given a copy of the form I'm reading when you are done.