

# Settlement Music School

Dear Students and Parents:

Welcome to the 2016-2017 school year! This marks the beginning of Settlement Music School's 109<sup>th</sup> year of providing instruction to students of all ages and ability levels across the Philadelphia region.

Through the generous support of the William Penn Foundation, we are pleased to bring Settlement Music School's Music Education Pathways program to Bache-Martin. Now in its 4<sup>th</sup> year, this 23-week, intensive program will focus on teaching students how to grow and develop as musicians, learn leadership skills and self-discipline, and collaborate with their peers in a creative environment. At Settlement, we strive for nothing less than the best and are excited to have your child participate in this extraordinary program!

Please complete the attached application and student/parent agreement for choir. There is a registration fee of \$25 per student, which should be submitted to Ms. Fiero, music teacher, in room #127 or the main office, along with the completed application. Scholarship assistance is available.

**Application & registration fee deadline: Monday, December 12 (cash or check only, please make checks out to Settlement Music School)**

We ask that your child only register for the program if they are committed to having excellent attendance and will display superior behavior at school. Participation in the in-school choir is required to participate in Settlement's after school choir (if the in-school choir is offered to your child's grade level).

Choir will meet on Tuesdays and Thursdays after school and will begin on **Tuesday, December 13.**

<b>Choir – Grades 3-6</b>
<b><u>Tuesdays &amp; Thursdays</u></b>
<b>School dismissal to 3:15: Check-in &amp; snack</b>
<b>3:15-4:30: Choir Rehearsal</b>
<b>4:30: Dismissal</b>

Please do not hesitate to contact me with questions or concerns. My phone number is 215.320.2686 and my email is [sally.weiss@smsmusic.org](mailto:sally.weiss@smsmusic.org). I look forward to working with your child this year!

Warm regards,



Sally Weiss  
Director, Music Education Pathways

## Choir Ensemble (Grades 3-6)

*All parts of the application are to be completed and submitted to the school*

Student name: \_\_\_\_\_ Gender [Check]:  Male  Female

Grade: \_\_\_\_\_ Homeroom teacher name: \_\_\_\_\_

I am interested in scholarship assistance for the registration fee [Check]:  Yes  No

I am able to pay this amount for my child's fee: \$ \_\_\_\_\_

My child's shirt size is (we provide children with long-sleeve shirts to wear for performances) [Check]:

8  10  12  14  16  Adult Small  Adult Medium

Parent/Guardian name(s): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address (will only be used to email important program information about concerts, trips, meetings, etc.):

\_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Emergency contact name & phone (who we would call if unable to reach the parent or guardian):

\_\_\_\_\_

Your child's safety is our number one priority. It is important the teachers and staff working in our program know how your child will be traveling home at the end of rehearsal.

After rehearsal my child will [Check]:  Walk home

Take public transportation home

Be picked up by: \_\_\_\_\_

(Name & Phone Number)

Does your child currently sing in choir or play an instrument?  Yes  No If yes, please list: \_\_\_\_\_

### **Settlement After School Music Program Agreements & Attachments**

#### **Photo and Video Consent**

*I provide consent to the unrestricted use, by Settlement Music School, of photo and video of my child for marketing and educational purposes.*

By completing this application you are giving Settlement Music School consent to take photo and video of your child and use it in marketing and educational materials. It is expected that the parent/guardian of each student participating in the Settlement Music School after school program give this consent.

#### **Research Study Consent & Background Information (Attachment 2)**

Settlement Music School's Music Education Pathways (MEP) Program and West Chester University's Early Childhood Cognition and Emotions Lab (ECCEL) are collaborating to research the impact of an after school music education program on student achievement and growth. To do so, we will assess their approach to learning, social-emotional wellbeing, and music learning aptitude. This process will include students who participate in MEP and those who do not in order to determine the impact of MEP on the above attributes. Parents will be required to fill out a questionnaire, a request for school records release, and surveys about their child's home and school experiences. All of this is being done in an effort to enhance student success through music!

A separate consent form to participate in this study must be completed in order to participate in the MEP Program. Please complete the consent form attached to this packet. Refusal to participate will have no impact on your ability to receive future services that may be offered by Settlement Music School or West Chester University.

Finally, to participate in the MEP Program and Study, we will need you to fill out information about the child's family background, school grades, and prior experience with music. The information on these forms will be kept strictly confidential and your responses will not influence the programming or services your child receives. We need the information on these forms so that we can determine the extent to which children participating in MEP are similar to other children in Philadelphia elementary schools.

#### **For the Student to Complete**

Please write 3-5 sentences below explaining why you would like to participate in the Settlement Music School Music Education Pathways Choir program at your school:

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### Student & Parent Contract

*We are excited you chose to participate in our special program! We can only be successful and truly excel in our musical studies if everyone does whatever it takes to ensure excellence. Please review and sign the following policies for both students and parents.*

#### Student

The following are policies that all students in the Music Education Pathways program are expected to adhere to:

- I will do whatever it takes to be successful. I will work hard, follow the rules and remain focused on my musical achievement.
- I will attend and be on time to all rehearsals, ready to learn, because I am part of a team and it is important I am there to sing my part. If an emergency occurs and I am unable to attend a rehearsal, I will bring a signed note to my ensemble teacher explaining the situation.
- I will have my music and pencil with me for all rehearsals.
- I will come prepared and will sing my part with confidence.
- I will take care of my voice and practice regularly so participation in my ensemble will be enjoyable.
- I will be respectful of the teacher and other members of the ensemble.
- If another student in the ensemble seems to be struggling with the music, I will do everything I can to assist him or her.

I have read, understand and agree with these policies.

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

#### Parent

The following are policies for parents that will ensure your child has the highest quality program experience:

- I will do whatever it takes to support my child's success. I will ensure that he/she works hard, follows the rules and remains focused on his/her musical achievement.
- I understand that attendance is required at all rehearsals and performances, unless it is an emergency. In the event an absence is unavoidable, I will send a signed note to school with my child.
- I will encourage my child to practice at home each day and to perform what he or she is learning in class for me.
- I will discuss with my child the importance of keeping up his or her grades and being respectful in school and during rehearsals.
- I will contact my child's teacher immediately if an issue arises that requires attention.

I have read, understand and agree with these policies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Caregiver Consent Form

#### Letter of Informed Consent for

ID #

Settlement Music School's Music Education Pathways (MEP) Program and West Chester University's Early Childhood Cognition and Emotions Lab (ECCEL) are collaborating on a research study. The purpose is to understand the impact of an after school music education program on children's academic and social-emotional outcomes. We are assessing approach to learning, social-emotional wellbeing, and music learning in children who participated in MEP and those who did not, in an effort to determine the extent to which MEP is achieving its program goals. The study asks parents to fill out a questionnaire packet that contains questions about demographics, a request for school records release, and surveys about their child's home and school experiences. We appreciate that you are taking the time to consider participating in this evaluation process. We expect the project to advance our understanding of how to best support school success in children.

#### Informed Consent Process

West Chester University requires that you give your signed agreement to participate in this project. A basic explanation is written below. Please read this and, if you have any questions, please contact the primary researcher, Dr. Ellie Brown, by email at [ebrown@wcupa.edu](mailto:ebrown@wcupa.edu) or by phone at 610-436-3153.

Settlement Music School was awarded a grant from the William Penn Foundation. This grant permits Settlement Music School to offer the after-school music education program at a reduced cost to students, families, and schools. Settlement Music School is asking all students who participate in MEP to participate in the evaluation process in order to provide data that will help us gauge the success of the program and determine areas for improvement. Thus, if you decide to participate in MEP, you will be expected to participate in the evaluation process. If you decide to participate in the project, please sign on the last page of this form in the presence of a witness, and have that person sign also. Please keep one copy of the form for your own records, and return one copy, along with the authorization to release school records and questionnaire packet, to Dr. Ellie Brown. Note that refusal to participate will have no impact on your ability to receive future services that may be offered by Settlement Music School or West Chester University.

#### Nature and Purpose of the Project

This evaluation project coordinated by Dr. Ellie Brown will assess the impact of an after school music education program on children's school outcomes through the use of questionnaires and applied learning tasks.

Initials

\_\_\_\_\_

## **Explanation of Procedures**

There are 4 components to this study:

1. The **parent portion** of the study involves a parent or guardian completing a packet that includes a questionnaire about family demographics, an authorization to release school records, and surveys about your child's home and school experiences. The forms are expected to take approximately 50-60 minutes per family to complete and will be given out at the beginning and the end of the school year.
2. The **child portion** of the study will involve your child playing learning games to assess things like their creativity and approach to solving problems. In general, children enjoy engaging with these tasks, as they are similar to educational games that children their ages might normally play. These tasks will take place after school and during the school day at times when school administrators have designated appropriate for the child to be pulled out of class. Your child will be pulled out of class just once at the start of the year and once at the end of the year. Your child will also be asked to complete questionnaires about their learning, emotions and school experiences. Finally, your child will be observed in their regular school classes as well as MEP classes to assess their learning and emotions.
3. The **teacher portion** will involve your child's school and MEP teachers completing questionnaires that provide information about your child's learning and emotions over the course of the school year. It is expected to take the teachers approximately 15 minutes to fill out each of the questionnaires. The school teachers will receive \$10 for their completion of the questionnaires. MEP teachers will complete the questionnaires as part of their job responsibilities. All teachers will receive a certificate of appreciation for their time upon completion of their packets.
4. The **school records portion** of the study will be completed independently by appropriate school personnel at the child's school. Schools will be provided with a copy of the authorization and copies of the child's school records will be provided to Dr. Ellie Brown.

## **Identification of Any Experimental Medical Treatments or Procedures**

This study involves NO experimental medical treatments or procedures.

## **Discomfort and Risks**

The measures used are commonly used to assess school outcomes. Participation in this study is not expected to involve any more discomfort and risk than that encountered in the course of daily school activities.

## **Benefits**

In conjunction with your participation in this evaluation process, your child will be able to participate in the MEP program at reduced cost. We expect that the results of this evaluation study will inform formative changes to the MEP program as well as aid in the development of future music education programs. More broadly, we expect that the results will advance understanding how after school music education programs might be employed to the benefit of students' music learning as well as social-emotional well-being and approach to problem solving. All participants will receive a certificate of appreciation.

## **Confidentiality**

On all the forms that you complete for us, we will replace your name with a code number. All data collected on the project will be stored and kept in a locked space available only to research staff. The data for each individual person will be kept confidential and revealed to no one. There is only one exception which is if anyone makes statements about harm to self or others, we would have to tell the school social worker or counselor and provide telephone numbers of helping services.

## **Explanation of compensation, if any**

As compensation for your participation, your child will receive a spot in the MEP after school music education program at reduced cost. This program will be held at your child's school.

**Initials**

\_\_\_\_\_

**Name of person to contact in case of research-related injury**

In case of research-related injury, please contact the Primary Investigator, Dr. Ellie D. Brown, Rm 30 Peoples Building, Department of Psychology, West Chester University, West Chester, PA 19383, [ebrown@wcupa.edu](mailto:ebrown@wcupa.edu), 610-436-3153.

If you have questions about your rights as a participant in this research, or if you feel you have been placed at risk, you can contact the Human Subjects Committee Chair through the OSR, 610-436-3310.

**I have read this form and I understand it. I understand that if at any time I become uncomfortable with any component of MEP I can stop my participation. I also understand that if at any time I become uncomfortable with any component of the evaluation process I can opt out of that part of the evaluation or opt out of MEP entirely. I understand also that it is not possible to identify all potential risks in an experimental procedure, and I believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.**

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Parent or Legal Guardian's Signature

Date

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Parent or Legal Guardian's Printed Name

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Home Address

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Primary Phone

Secondary Phone

Additional Phone

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Child's Full Name

Date of Birth

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Child's School

Current Grade

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Witness

Relationship

This form provides us with background information about your child and their family. Your answers will not be examined individually and will not be used to determine eligibility for any services. Rather, the answers will be averaged with answers provided by other participants. It is important for us to know, for example, if the children participating in MEP, on average, have similar family backgrounds as those not participating in MEP.

Child's Date of Birth: \_\_\_\_\_ Child's Sex [circle one]:      Male              Female

Child's Race/Ethnicity [circle one, or circle more than one if mixed race/ethnicity]:

Black/African American      Hispanic/Latino American              Asian American  
Native American Indian      White/European American (Non-Hispanic/Latino)      Other

Is English your first language?    Yes    No

If "No", what is your first language? \_\_\_\_\_

Is English the main language you speak with your child?    Yes    No

If "No", what language(s) do you speak? \_\_\_\_\_

Total number of adults living in your home right now? \_\_\_\_\_

Total number of children living in your home right now? \_\_\_\_\_

Are there other adults who have lived in your home (since your child's birth) but no longer live with you [circle one]?    Yes    No      [If Yes] How many other adults? \_\_\_\_\_

Are there other children who have lived in your home (since child's birth) but no longer live with you [circle one]?    Yes    No      [If Yes] How many other children? \_\_\_\_\_

Please check which of the following best describes your situation:

- \_\_\_\_\_ This child's other parent lives with us
- \_\_\_\_\_ This child's other parent does not live with us but regularly sees the child
- \_\_\_\_\_ This child's other parent does not live with us and does not regularly see the child

Please check which of the following best describes your situation:

- \_\_\_\_\_ Married or in a committed relationship      \_\_\_\_\_ Divorced or separated or single

How many different homes have you lived in since your child was born? \_\_\_\_\_

How would you describe the quality of your current neighborhood in terms of [circle one]:

Living Conditions:

Very Poor Quality      Poor Quality      Okay Quality      Good Quality      Very Good Quality

Safety:

Very Poor Quality      Poor Quality      Okay Quality      Good Quality      Very Good Quality

Adult Role Models (other than the adults in your home):

Very Poor Quality      Poor Quality      Okay Quality      Good Quality      Very Good Quality

Public Facilities (such as libraries, parks, community centers):

Very Poor Quality      Poor Quality      Okay Quality      Good Quality      Very Good Quality

ID \_\_\_\_\_



Are you currently employed [circle one]? Yes No

Are you currently in school [circle one]? Yes No

How much schooling did you complete [please circle one]:

Junior High	Some High School	Graduated High School	GED
Some College	2-Year College Degree	More than 2-Year College Degree	
4-Year College Degree	Master's Degree	Doctoral Degree	

Please estimate your own earned income from employment this past year [check one]:

- None
- Less than 5 thousand (less than \$5,000)
- Between 5 and 10 thousand (between \$5,000 and \$10,000)
- Between 10 and 15 thousand (between \$10,000 and \$15,000)
- Between 15 and 20 thousand (between \$15,000 and \$20,000)
- Between 20 and 25 thousand (between \$20,000 and \$25,000)
- Between 25 and 30 thousand (between \$25,000 and \$30,000)
- Between 30 and 35 thousand (between \$30,000 and \$35,000)
- Between 35 and 40 thousand (between \$35,000 and \$40,000)
- Between 40 and 45 thousand (between \$40,000 and \$45,000)
- Between 45 and 50 thousand (between \$45,000 and \$50,000)
- Over 50 thousand (over \$50,000)

If there is another adult in your house who shares their income in some way (for example, helps to pay for groceries or household bills), please estimate their earned income from employment this past year (leave this blank if no other adult in house shares income):

- None
- Less than 5 thousand (less than \$5,000)
- Between 5 and 10 thousand (between \$5,000 and \$10,000)
- Between 10 and 15 thousand (between \$10,000 and \$15,000)
- Between 15 and 20 thousand (between \$15,000 and \$20,000)
- Between 20 and 25 thousand (between \$20,000 and \$25,000)
- Between 25 and 30 thousand (between \$25,000 and \$30,000)
- Between 30 and 35 thousand (between \$30,000 and \$35,000)
- Between 35 and 40 thousand (between \$35,000 and \$40,000)
- Between 40 and 45 thousand (between \$40,000 and \$45,000)
- Between 45 and 50 thousand (between \$45,000 and \$50,000)
- Over 50 thousand (over \$50,000)

Please circle the number of years that your child has participated in a music education program outside of school such as taking music lessons, singing in a church choir, or playing an instrument in a band. (Please do not count any current participation in the Music Education Pathways orchestra, band, or choir program in this.):

0 yrs    1yr    2yrs    3yrs    4yrs    5yrs    6yrs    7yrs    8yrs    9yrs    10 or more yrs

Please circle the frequency of their participating in that music education program:

Several times per year    1X per month    2X per month    1X per wk    2Xper wk or more

During the final marking period of last school year...

approximately how many days was your child absent (for any reason)? \_\_\_\_\_

approximately how much time each day did your child spend on homework [circle one]:

0-30min(1/2 hr)    30-60min(1hr)    60-90min(1.5hrs)    90-120min(2hrs)    more than 2hrs

approximately how much time each day did your child spend AT HOME practicing for chorus, band, orchestra, or practicing singing or playing an instrument [circle one]:

0-15min(1/4 hr)    0-30min(1/2 hr)    30-45min(3/4hr)    45-60min(1hr)    more than 1hr

Please circle what grade your child received in these subjects during final marking period of last school year:

	Public School						Charter School		
<b>Homeroom</b>	A	B	C	D	F		M	D	I
<b>English or Writing</b>	A	B	C	D	F		M	D	I
<b>Math</b>	A	B	C	D	F		M	D	I
<b>Science</b>	A	B	C	D	F		M	D	I
<b>Social Studies</b>	A	B	C	D	F	OR	M	D	I
<b>Physical Education</b>	A	B	C	D	F		M	D	I
<b>Health Education</b>	A	B	C	D	F		M	D	I
<b>Music</b>	A	B	C	D	F		M	D	I
<b>Visual Arts</b>	A	B	C	D	F		M	D	I