

Study Participation Agreement



Our library would like to learn more about your experience with our summer reading program. Baldwin Wallace University's Community Research Institute would like to interview parents and children about their experience with the reading program. The interview will be kept confidential. The researchers will only interview your child with you or another adult who is responsible for the child present. This information will be used only by the library to learn what works well and what could be improved upon in the summer reading program.

All interviews will take place in the library.

Would you (parent/guardian) be willing to share your child's summer reading experience in an interview with a Baldwin Wallace student and/or faculty researcher?

YES NO

Would you (parent/guardian) be willing to allow your child to be interviewed by a Baldwin Wallace student and/or faculty researcher?

YES NO

Child's Name: _____

Child's Gender: _____ Current Age: _____

School attending next year: _____

Grade level entering next year: _____

Parent/Guardian Phone: _____

Parent/Guardian eMail: _____
(Please print clearly.)

Address: _____

City: _____ Zip Code: _____

Parent/Guardian Name: _____

Parent Signature: _____
(Parent signature needed for Baldwin Wallace study only.)

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