



## View xForm - Research Review Board (RRB) Submission

### New RRB Submission

#### Data Entry

- Submitted 09/23/2024 3:04 PM ET by Rodriguez, Carol MEd

#### Amendment Summary

|                              |   |
|------------------------------|---|
| <b>RRB Number</b>            | 2021-387  |
| <b>Study Title</b>           | Developing Performance Benchmarks for Community School Programs   |
| <b>Event Type</b>            | Modification/Continuing Review defined 09/23/2024   |
| <b>Schools Participating</b> | 400105 - Urban Prep Academy for Young Men - Bronzeville<br>609710 - John M Harlan Community Academy High School<br>609718 - John F Kennedy High School<br>609741 - Gurdon S Hubbard High School<br>609800 - Frank I Bennett Elementary School<br>609893 - John C Dore Elementary School<br>609902 - Ralph H Metcalfe Elementary Community Academy<br>609935 - Matthew Gallistel Elementary Language Academy<br>609941 - Asa Philip Randolph Elementary School<br>609943 - Jesse Owens Elementary Community Academy<br>609978 - Wendell Smith Elementary School<br>610054 - John L Marsh Elementary School<br>610074 - James Monroe Elementary School<br>610077 - Donald Morrill Math & Science Elementary School<br>610323 - Bowen High School<br>610368 - Langston Hughes Elementary School<br>610532 - Irene C. Hernandez Middle School for the Advancement of Science<br>610588 - Robert J. Richardson Middle School |

#### Description of Research Activities to Date

Metropolitan Family Services uses several sources of information/ activities to measure student involvement and participation in activities, as well as opportunities in other subject areas. These include student, parent, and teacher surveys in addition to individual student participation hours. Student-level data may be requested to view academic performance of children inside the classroom.

## **Preliminary Results to Date**

Metropolitan Family Services' Community Schools programming benefited a total of 2,774 students across 18 Chicago Public Schools and two suburban schools in FY24. The objective of this programming is to broaden the horizons and enhance the educational achievements of youth by offering a range of services. These services include tutoring, homework assistance, recreational activities, life skills workshops, cultural experiences, and case management services. They are primarily targeted at students in schools facing significant academic challenges. Among the 2,774 students who participated, they were divided as follows: 49% male and 51% female; 1% in pre-kindergarten, 50% in K-5th grade, 32% in 6th-8th grade, and 18% in 9th-12th grade; the ethnic breakdown was 64% Latinx, 33% Black/African American, and 3% Caucasian.

Metropolitan Family Services employs various methods to assess student engagement and participation in activities, as well as their progress in different subject areas. These methods encompass surveys conducted with students, parents, and teachers, as well as tracking individual student participation hours. Data gathered from satisfaction surveys indicates a high level of satisfaction with the program, both among students and parents. Students expressed their approval of the diverse range of after-school activities offered in the program and their gratitude for the activity instructors. The Community Schools programming offers a wide array of activities aimed at equipping students with essential life skills and social-emotional competencies. Among these, students highlighted their achievements in teamwork, community building, and social-emotional development.

The program's diverse subject offerings, including computer science, engineering, art, and contact sports, were also highly rated by students. Parents reported high satisfaction with the programming, emphasizing that it provides valuable learning opportunities and a safe communal space for their children after school. Adult programming within the Community Schools program has also been well-received by parents, who noted that it fosters a relaxed environment where their interests and opinions are valued. This evaluation sheds light on the areas where Community Schools programming effectively engages students, parents, and teachers in understanding its positive impact on social-emotional learning that can lead to academic success. The survey results highlight both areas for improvement and successful aspects, as reported by parents, students, and teachers.

In years prior, the research team would request student, grade-level data to demonstrate academic improvements. However, limited data was received and could not be accurately analyzed. Researchers are shifting to focus on the development of student social-emotional competencies through the completion of the DESSA-mini. Research shows the benefits of social-emotional learning may improve a student's attitude about themselves, school, and others which can positively impact academic performance. Students with higher social-emotional competencies show to have fewer conduct problems, less aggressive behavior, and decreased emotional distress.

Social-emotional development and attainment is measured in students using the DESSA-mini social-emotional tool. The DESSA-mini is an 8-question screener completed by Community Schools program staff to rate a student's social-emotional competency. This allows researchers to note growth and trends of SEL development of students during their enrollment in after-school enrichment programming.

### Type of Request

Continuing Review

*Please select continuing review if no changes have been made to your study protocol. If you plan on proposing a modification AND a continuing review, please select modification, as an approved modification will extend your approval period.*

### Optional Attachments - please attach any reports/publications that have been created thus far here.

*No answer provided.*

### Pertinent CPS Documentation

#### Submitter

Rodriguez, Carol MEd

**Email:** CWRodriguez2@cps.edu

**Home:** (773) 414-1944

## **Overview of Pertinent CPS Documentation**

The RRB is composed of members representing various Central Office academic departments as well as the Law Department. The RRB meets quarterly to evaluate new proposals to conduct research. The RRB calendar and deadlines for submissions can be found on the CPS Research Website [here](#). Decisions resulting from the research review process will be communicated to the applicant of the request as well as appropriate CPS staff in accordance with the estimated timelines outlined in the respective RRB calendar. External researchers may not begin any research activities or obtain data for research purposes without first following the procedures outlined in this policy and securing the necessary approvals.

***We expect all researchers to be familiar with the guidelines and policies guiding research within the district. Please verify that you have read and acknowledged the following:***

### **External Research Study and Data Policy**

✔ I have read and understood the External Research Study and Data Policy

### **CPS RRB Guidelines**

✔ I have read and understood the CPS RRB Guidelines

### **CPS Equity Framework**

✔ I have read and understood the CPS Equity Framework

### **CPS Volunteer Policy**

✔ I have read and understood the CPS Volunteer Policy, including background check requirements

## **Study Personnel Details**

### **Study Title**

Developing Performance Benchmarks for Community School Programs

### **Does your organization participate in a Research Practice Partnership (RPP) with Chicago Public Schools?**

No

**Primary Study Organization/University**

Metropolitan Family Services

**Current Study Contacts**

| Name                 | Role                   |
|----------------------|------------------------|
| DiFiglio, Isabella   | Primary Contact        |
| DiFiglio, Isabella   | Principal Investigator |
| Johnson, Bryan       | Coordinator            |
| Johnson, Bryan       | District Supporter     |
| Rodriguez, Carol MEd | District Supporter     |

**Is the Principal Investigator a Student?**

No

**Is the researcher a CPS Staff Member?**

No

**Funding and Intervention Information****Is this project contracted by the CPS Board of Education?**

No

**Is a funding source associated with the proposed research?**

No

**Select the option that applies to your study**

My study will involve a selection of individual schools

**Please select all potential school sites involved with this study**

Asa Philip Randolph Elementary School  
Bowen High School  
Donald Morrill Math & Science Elementary School  
Frank I Bennett Elementary School  
Gurdon S Hubbard High School  
Irene C. Hernandez Middle School for the Advancement of Science  
James Monroe Elementary School  
Jesse Owens Elementary Community Academy  
John F Kennedy High School  
John L Marsh Elementary School  
John M Harlan Community Academy High School  
Langston Hughes Elementary School  
Matthew Gallistel Elementary Language Academy  
Ralph H Metcalfe Elementary Community Academy  
Robert J. Richardson Middle School  
Urban Prep Academy for Young Men - Bronzeville

**Will this research require any in-person interaction or intervention activities?**

No

**Will this research require any virtual interaction or intervention activities (Google Meets, Zoom, etc.)?**

No

*Please note that Zoom is not approved for use with CPS Students. Any virtual activities will need to be conducted via Google Meets and safe@cps.edu must be invited to Google Meet. Please adjust virtual methods accordingly. For more information on permitted interactions with students and staff, please visit <https://www.cps.edu/about/policies/acceptable-use-policy/external-volunteers/>.*

**Please check all of the following that apply to your research protocol:**

Questionnaire

**Please outline your protocol for survey activities, describing when, where, duration, frequency, and with whom.**

During the first month of the school year, all students enrolled in community school programs managed by Metropolitan Family Services will be given an assent form and parent permission form by a member of the research team for consideration. They will be given instructions on what to do with the forms, what it means to be in the study (risks and benefits), and instruction that participation in the program is voluntary.

Second, Community Schools program staff will complete a DESSA-mini per enrolled student 4-6 weeks after the first day of programming each quarter during the school year. The DESSA-mini is an 8-question screener completed by Community Schools program staff to rate a student's social-emotional competency. This allows researchers to note growth and trends of SEL development in students during their enrollment in after-school enrichment programming. Research shows the benefits of social-emotional learning may improve a student's attitude about themselves, school, and others which can positively impact academic performance. Students with higher social-emotional competencies show to have fewer conduct problems, less aggressive behavior, and decreased emotional distress.

Third, members from the research team will collect a community school program satisfaction survey from all students who have signed the assent form and turned in signed parent permission forms. This is collected twice a school year and first collected at the end of the fall quarter. The satisfaction survey is designed to measure a students' attitudes about their involvement in the Community Schools program.

Fourth, during the last month of the school year, members from the research team will collect a second community school program satisfaction survey from all students enrolled in the study. This will help the researchers assess the type of impact, if any, that the community school program has on student attitudes and if the students like the program. At this time, research staff will also collect a teacher's survey from CPS teachers who work with the study participants and a parents' survey.

During each new subsequent school year, this cycle of data collection will be repeated with all new students who enroll into the study.

**Please describe how data will be captured and stored securely**

All paper data will be stored in a locked file drawer in the office of Isabella DiFiglio. This will include all assent forms, parent permission forms, and surveys. All digital data will be stored on the password protected laptop on the MFS secure Redcap server and the DESSA on the secure Aperture server.

**Please attach all study materials corresponding to interview procedures (i.e., consent forms, protocol, recruitment and incentive plans)**

|                               |               |
|-------------------------------|---------------|
| Parent Consent Form - English | Consent Forms |
| Parent Consent Form - Spanish | Consent Forms |
| Student Assent Form - English | Consent Forms |

**Detail the method of Survey Administration (e.g. paper, online, etc.)**

Program satisfaction surveys will be administered twice in one school year online via RedCap. Redcap is a secure data collection tool that meets all HIPAA compliance standards. This will help the researchers assess the type of impact, if any, that the community school program has on student attitudes and if the students like the program.

**Will this research require the use or access of existing CPS data?**

Yes

**Detail all existing CPS data that will be analyzed in the research. If applicable, include links to the data in question and attach all applicable authorization agreements for private data**

Research staff will compile a list of student IDs for each of the individual community school programs and will submit a data request through CPS after annual standardized testing scores have been processed by CPS (this is typically in Sept or Oct). This will provide the following information on each student enrolled in the study: basic demographic information; promotion and graduation rates; grade information; Standardized test results; Service Learning Hours; and School enrollment, /leave and attendance information.

**Attach all applicable authorization agreements for CPS data**

RRB#2021-387- Isabella DiFiglio 2023-09-25.docx RRB Approval Letter

Deleted Attachments: 1 (Most Recent: RRB#2021-387- Bryan Johnson 2022-09-20 (1).pdf on 08/20/2024 10:21 AM ET)

**Will this research require the use or access of existing non-CPS data?**

No

**Study Details**



**Please select all of the following that will be participating in the study?**

Students  
Parents  
Teachers

**Will any of these students be under the age of 18?**

Yes

*Please be aware that the inclusion of study subjects younger than 18 requires active, written consent from the parent(s) or guardian(s). The consent form needs to explicitly inform parents of their rights to review all materials used with their children as provided for in the Protection of Pupils Rights Act. Please ensure you have added the following statement to your consent form(s) verbatim, with the appropriate personalization for your study:*

*"Parents please be aware that under the Protection of Pupils Right 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. If you would like to do so, you should contact [INSERT APPROPRIATE CONTACT] at XXX-XXXX to obtain a copy of the questions or materials."*

## Has this project been reviewed by an Institutional Review Board (IRB)?

Yes, and it was approved

### IRB of Record Name

Developing Performance Benchmarks for Community School Programming in Chicago

### IRB Protocol Number

IRB-21-04-0067

**Please attach all of your IRB documentation here (include approval/exemptions letters, IRB study protocol, etc.).**

RRB#2021-387- Isabella DiFiglio 2023-09-25.docx IRB Letters

Deleted Attachments: 1 (Most Recent: RRB#2021-387- Bryan Johnson 2022-09-20 (1).pdf on 08/20/2024 10:24 AM ET)

### IRB of Record Primary Contact Email Address

difigliois@metrofamily.org

## Study Overview

### Executive Summary or Abstract

*Please provide a high-level overview of your study, including a summary of the motivation, design, and implications of the project.*

The purpose of this study is to conduct a program evaluation of all Community Schools programs managed by Metropolitan Family Services. We will be collecting information from students related to school behavior and social emotional development; information directly from parents about their satisfaction with the program and involvement with their child's academic life; information from teachers related to the academic performance and classroom behavior of the students enrolled in Community School Programs, and academic data from the client's school record.

### Research Questions and Hypothesis

*Please list all research questions and hypotheses associated with this project.*

With the hypothesis that the community schools model helps a student develop internal and external assets our primary research question is: what are the impacts that community school programs are having on students' attitude and behaviors. Specifically, what assets developed in the following areas: support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, and social-emotional competencies.

## **Purpose and Literature Review**

*Please provide an overview of the existing research and literature on this subject. What is the contextual history of this subject area and how does this research build upon the body of extant knowledge?*

The purpose of this study is to conduct a program evaluation of all Community Schools programs managed by Metropolitan Family Services. We will be collecting information from students related to school behavior, and social emotional development. This will help the researchers assess the type of impact, if any, that the community school program has on student attitudes and social-emotional competencies. Research shows the benefits of social-emotional learning may improve a student's attitude about themselves, school, and others which can positively impact academic performance. Students with higher social-emotional competencies show to have fewer conduct problems, less aggressive behavior, and decreased emotional distress.

We will also be collecting information directly from parents about their satisfaction of the program and involvement with their child's academic life. We will also collect information from teachers related to the academic performance and classroom behavior of the students enrolled in Community School Programs. We may also collect data from the client's school record (through the Chicago Public School system).

## Research Activities and Student/Staff Involvement

*Please provide an overview of all primary and secondary research activities associated with this study. Please use this space to describe, as thoroughly as possible, all that will be asked of your research subjects (e.g. surveys, focus groups, observations, etc.)*

1. Evaluate the impact that the community school programs are having on students' attitudes and behaviors. Specifically, we will measure if the program helps a student develop assets in the following areas: support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies, and positive identity. This is important information to collect for several reasons. First, it is anticipated that the community schools program model will help a student develop internal and external assets. Second, it is theorized that there is a relationship between healthy and the development of assets and school achievement.
2. Evaluate the impact that the community school programs are having on parental support and involvement. Specifically, we will be measuring if the community school program has an impact on the amount of time that parents help their kids with school work, or support them in school-related activities (such parent-teacher conferences or volunteering for field trips). This objective is critical since it is commonly believed that students who lack this type of support have difficulty in achieving in school. The community school program, being more than just an afterschool program, is designed to work with parents and increase their capacity to support their child academically
3. Evaluate program satisfaction among students and parents.
4. Develop common benchmarks of success using data from all programs. This is an important objective because until benchmarks indicators are set, it is difficult for organizations to determine the real effectiveness of their programs. Benchmarks can also help organizations set more accurate and informed expectations of program success.
5. Use data to make make recommendations for improvement to the existing community schools model. It is important that research findings be constantly used to improve program models. Through this research, the findings may show that some community school activities result in better outcomes than other. The study team would be able to share this information with organizations like the Federation for Community Schools, so that other non-profits can adopt the potential best practices identified through this study.

6. Meet the new research policy requirements established by CPS. Recently, CPS developed a policy mandating that all non-CPS staff wishing to conduct any type of program evaluation or research gain IRB approval before doing so. What makes this policy very challenging, is the CPS themselves does not support their own accredited IRB board. As a result, any non-profits managing community school programs who want and need to evaluate their programs must first get IRB approval for their research through a university, hospital, or private IRB board. By accomplishing this objective, we will ensure that the children enrolled in the listed community school programs will have their confidentiality protected, and will also allow Metropolitan Family Services to collect better and more comprehensive information about their programs.

### **Research Methodology and Analytical Technique**

*Please provide an overview of your research methodology and specific analytical techniques that will be utilized as part of this study.*

There will be two types of analytical techniques applied to this study. One being a descriptive analysis, this method aims to answer the questions "what occurred through the year" this allows us to order, manipulate, and interpret data from the various sources and turn it into valuable insights for the study. This analysis is essential and it allows us to present our insights in a meaningful way. In addition, an exploratory analysis will be used to explore the relationships between the data and variables. this will enable us to find connections and respond to the hypothesis in question.

### **Benefits and Commitment to Equity**

## Benefit to CPS

### Which (if any) of the CPS core values does your research support?

Community Partnership  
Continuous Learning  
Equity  
Student Centered

### Please describe how your project supports each of the core values selected above.

The research project is student centered in that we will be collecting information from students related to academic performance, school behavior, and social emotional development to evaluate program impact on student attitudes and behaviors. Our research focuses on student assets developed during their time in the Community Schools program and if there is a relationship between these assets and academic achievement. This research is committed to understanding and honoring the historical context and cultural values of each community to ensure research equity and limit biases that may affect research outcomes. Our research supports continuous learning in that researchers will practice self-reflection to limit biases, continuously learn from and respect the communities involved, and gather important insights from stakeholders once they review research findings. In addition, our research intends to use data to make recommendations for improvement to the existing Community Schools model. It is important that research findings be a source of learning to improve program models.

### How does this project support the district broadly?

This project supports the district broadly in that it seeks to conduct program evaluation of the Community Schools model and it's impact on student academic performance, school behavior, and social emotional development. Our research project seeks to understand how the Community Schools model may impact both the school community and community at large. Research findings may show that some community school activities result in better outcomes for students than others. The study team would be able to share this information with the district to adopt potential best practices identified through this study.

### Please use the table below to list all District CPS Supporters and the role they will have in your study. Use the details box to describe your supporters' title and role in the district. List your primary supporter first.

*Please click "save" after each line.*

| CPS Supporter Email Address  | CPS Supporter Details                                |
|--|--|
| Rodriguez, Carol MEd<br><b>Email:</b> CWRodriguez2@cps.edu <b>Home:</b> (773) 414-1944 | Evaluation Manager with Metropolitan Family Services |
| DiFiglio, Isabella<br><b>Email:</b> DiFiglioIs@metrofamily.org <b>Company:</b> (312)   | Associate Director of Evaluation and                 |

## CPS Supporter Email Address

## CPS Supporter Details

986-4088

Outcomes with Metropolitan Family Services

### Link to New Contact Form

User had the option to start a different form here.

## Commitment to Equity

### In what ways does this project reflect/challenge/progress the district's commitment to equity?

This project reflects the district's commitment to equity in that we will ensure our project actively engages the community in this research process. Our project is committed to incorporating community input to inform our research and gain valuable insight to better assess the impact of the Community Schools program and produce valid findings. In addition, researchers will pay close attention to how race, power, language, and privilege impact the target population and inform researches on the data collected.

*Reflect on the district's equity framework as well as the following: As a researcher, what is my privilege / bias when it comes to this question? Am I assuming that Black and brown students will inherently perform poorly? Have I consulted those whose communities I want to research? Is the research designed with the holistic humanity of the people I am researching in mind? Do I perceive the communities I want to research as allies, or as research subjects? Am I interrogating / challenging policies and systems that may be contributing to inequities? Will this project create an undue burden on the communities I am seeking to research?*

### How are your research activities accessible to individuals with disabilities?

Our research activities are accessible to individuals with disabilities by utilizing both paper and web-based surveys. Paper surveys can support individuals who may be visually impaired and unable to complete surveys online.

### Are your research activities translated into languages other than English as appropriate for the community?

Yes, our research activities are translated in Spanish to best meet the linguistical needs of the communities.

### How will you share your research findings with the population(s) you are studying?

We do not intend to publish our research findings. Our research findings are intended for internal stakeholders.

## Research Activities

**Start Date of Recruitment**

09/23/2024

**End Date of Recruitment**

12/31/2024

**Please provide the date that you will begin primary data collection**

09/23/2024

**Please provide the end date of primary data collection**

06/16/2025

**Please provide the date that you will begin analysis**

01/01/2025

**Please provide the end date of analysis**

07/31/2025

**Please provide the approximate date that you will finalize your research report.**

08/18/2025

**Description of Deliverable/Final Product (i.e., academic/journal article, white paper, memo, report)**

We will compile a report detailing research activities, data collection, and data analysis to share with internal stakeholders.

**Will any portion of this research, including recruitment or consent, take place during or in any way interfere with standard activities?**

No

*With very few exceptions, research procedures cannot be carried out during or in any way interfere with standard activities, including instruction time or professional development sessions.*

**Will this study involve study subject randomization or a control group?**

No



**Will your research employ study-subject deception or non-disclosure?**

No

**Will this research involve Product Testing?**

No

**Will this research involve collection of biological samples or biometric data?**

No

**Does this research involve other research procedures not described previously?**

No

**Is this research tied to a standard or novel curriculum, teaching or other program, staff professional development training or program, or other non-research activity or activities?**

No

**Does this study involve the use of educational technology (including survey tools, video conference platforms, and third party websites. See note for add'l details)?**

No

*Please be aware that under The Student Online Personal Protection Act, SOPPA (105 ILCS 85/), any platform students interact with must be compliant with current data security and student privacy regulations. Please note that this definition includes online survey tools such as Qualtrics. Please use the following website to check if your proposed platform is complaint with SOPPA: <https://cps.app.learnplatform.com/new/public/tools>*

## **Study Population**

**Will you be submitting a secondary Data Request?**

Yes

**Please use the following link to begin the Data Request Form. The number listed above will be used to respond to the question regarding RRB submission protocol number**

User had the option to start a different form here.

### Study Subject Inclusion Criteria

Study subject inclusion criteria include CPS students, parents of CPS students, and CPS teachers.

*If the research involves more than one study subject population (e.g. students, parents, teachers, staff), please individually detail the inclusion criteria for each.*

### Study Subject Exclusion Criteria

Non-CPS students, parents, and CPS teachers as well as CPS students who do not have a completed consent or assent form for participation in the research study.

*If the research involves more than one study subject population, please individually detail the inclusion criteria for each*

### Please select all special populations that may be targeted for your study

Bilingual  
Economically Disadvantaged  
Diverse Learner  
English Language Learner  
Experiencing Homelessness or Temporary Housing  
Immigrant Populations  
Multilingual Learners  
Non-English Speaking  
Undocumented

**Describe the potential direct and/or indirect benefits for all detailed research procedures and populations**

The direct advantages of research procedures for students, parents, and teachers encompass assessing the effectiveness of community school programs in enhancing students' social-emotional skills. These skills encompass self-awareness, self-management, goal-oriented behavior, personal responsibility, relationship-building abilities, positive thinking, social consciousness, and a positive self-identity. Gathering this data is essential for gaging how the community school program model may contribute to a student's development. There is a hypothesis that a connection exists between the healthy development of social-emotional skills and academic success, making it crucial for stakeholders to understand how student participation in the Community Schools program might elevate academic achievement and attainment.

Furthermore, we will assess the influence of these programs on parental support and involvement. Specifically, we will investigate whether the community school program affects the extent to which parents assist their children with schoolwork or engage in school-related activities such as parent-teacher conferences and volunteering. This objective holds significance as it is widely believed that students lacking robust parental support may encounter difficulties in achieving academic success.

**Describe the anticipated potential risks, however minimal, associated with the detailed research procedures and subject populations**

Being in this study does not involve any known risks other than what the participant would encounter in daily life. However, it is possible but unlikely that the participant may feel uncomfortable or embarrassed about answering certain questions.

**How will the identified risks for all research procedures and subject populations be minimized and/or mitigated to the greatest extent possible?**

Since the researcher will not be on site for any data collection, if concerns/risks do arise, they will be mitigated by intervention with the school resource coordinator who is properly trained in handling a varied levels of situations on site.

**What procedures will you use in the event that research questions/processes produce observable stress/distress in subjects?**

In the event survey collections produce observable stress in subjects, the subject will not be required to continue with the survey or other data collection efforts.

**Will you compensate study subjects?**

No

**Study Recruitment****Outline every aspect of the recruitment process for students.**

The recruitment process will be open to all students who enroll in the Community Schools programs managed by Metropolitan Family Services. Students will be given the option to sign an assent form by a member of the research team for consideration. They will be given instructions on what to do with the forms, what it means to be in the study (risks and benefits) and most importantly will be instructed that participation in the program is voluntary.

**Outline every aspect of the recruitment process for parent participants.**

The recruitment process will be open to the parents of students who enroll in the Community Schools programs managed by Metropolitan Family Services. Parents will be given the option to sign a parent permission form by a member of the research team for consideration. They will be given instructions on what to do with the forms, what it means to be in the study (risks and benefits) and most importantly will be instructed that participation in the program is voluntary.

**Outline every aspect of the recruitment process for teacher participants.**

Teachers of students who are a part of the study will be asked to complete surveys speaking about the academic and behavioral improvements throughout the year.

**Please attach all recruitment materials not attached elsewhere (Optional).**

*No answer provided.*

**Please attach all consent/assent forms associated with this study not already attached elsewhere (Optional).**

*No answer provided.*

**Identify study team members who will recruit subjects.**

Caroline W. Rodriguez, Evaluation Manager, with Metropolitan Family Services

### Will this research involve screening procedures

No

## Compliance

### FERPA

*For more information on FERPA, click here.*

#### Is any aspect of this research subject to FERPA?

No

### ISSRA

*For more information on ISSRA, click here.*

#### Is any aspect of this research subject to ISSRA?

No

### PPRA

*For more information on PPRA, click here.*

#### Is any aspect of this research subject to PPRA?

No

## Permission, Confidentiality, and Security

### Attach a draft of the permission letter that will be sent to school Principals

*No answer provided.*

*Please note that Principals have final authority over what happens in their schools.*

### How will you protect the privacy of prospective research subjects? Please detail how study subject privacy will be protected during recruitment, screening, consent, and all research procedures. Provide an accounting for all applicable research procedures and study populations.

All assent forms, parent permission forms, and surveys will be stored on the password protected desktop computer of Caroline W. Rodriguez.

**Describe the data confidentiality or security provisions that will be in place for all research data.**

All paper data will be stored in a locked file drawer in the office of Isabella DiFiglio. This will include all assent forms, parent permission forms, and surveys. All digital data will be stored on the password protected laptop of Caroline Rodriguez on the MFS secure Redcap server and the DESSA on the secure Aperture server.

**How will you store participant data?**

With direct identifiers

*These details must be included in all applicable consent forms*

**List the identifiers that will be stored and explain if identifiers will be deleted at a later date**

Research staff will compile a list of student IDs for each of the individual community school programs. This will provide the following information on each student enrolled in the study: basic demographic information; promotion and graduation rates; grade information; Standardized test results; Service Learning Hours; and School enrollment,/leave and attendance information.

**Will you keep participants' contact information on file after the data have been collected?**

Yes

**How long will you store participant contact information?**

Data will be stored up until the study has ended.

**Explain the purpose for which participant contact information will be retained, such as recruitment for future studies or other follow-up study completion**

*These details must be included in all applicable consent forms*

We retain contact information to verify participation in the research study. There are no other uses of this data relating to contacting the participants.

**Will you share individual-level data with other researchers or practitioners beyond the designated key research personnel?**

No

**What will you do with the data once the research has been completed (choose all that apply)?**

Retain data for three years or longer post-completion, then destroy it

*Please note that the district discourages storing study data for longer than three years after study completion.*

**Please describe the purpose for which you will be storing data after the conclusion of the study. Also, explain the planned duration (i.e. how long) you will retain data**

Data collected on paper or digital will remain stored in a locked office or encrypted laptop until the conclusion of the study. Once the study has concluded, data will remain stored (as mentioned above) until the proper time to discard based on IRB requirements and/or organization standards are met.

**Attachments**

**Please attach all miscellaneous attachments**

|                          |         |
|--------------------------|---------|
| Adult Survey - English   | Surveys |
| Adult Survey - Spanish   | Surveys |
| Student Survey - English | Surveys |
| Student Survey - Spanish | Surveys |

*If you are resubmitting your protocol following initial review, please attach your response letter here.*

**Are there any additional finalized contracts or agreements associated with this research that have not been attached elsewhere as part of this application (e.g. CPS Data Authorization Agreements)?**

No

**Are there any pending (i.e. not yet signed by both parties) contracts or agreements associated with this research that have not been attached elsewhere as part of this application?**

No

**Acknowledgements**

## Acknowledgements

### Please acknowledge the following:

- ✓ All parts of this submission are accurate, complete, consistent, and clear.
- ✓ I have accurately and completely described all intended human subjects research procedures and the populations with whom they will be carried out.
- ✓ I have attached all study materials, including, but not limited to, all materials that will be given to, sent to, read to, or otherwise used with all prospective study subject populations.
- ✓ This submission adhere to all CPS policies and guidance as outlined in the link below  
<https://www.cps.edu/about/district-data/conduct-primary-research/>
- ✓ I have accurately identified all personnel who will be involved in this study.
- ✓ I acknowledge that any/all changes required by the CPS RRB in the course of its review of this submission will be reported to my IRB of record during the entire lifetime of this study.
- ✓ I attest that I will work with my IRB of record to address any concerns raised in the review of this submission.
- ✓ I attest that all of the research procedures detailed in this submission have been carried out with prospective IRB review and approval.
- ✓ I agree to comply with all background check and volunteer procedures required of my study, per the official CPS Volunteer Policy (link provided below):

<https://policy.cps.edu/download.aspx?ID=272>

## Submission Date

06/14/2022



**All RRB new submissions, modifications, continuing reviews require a \$50 processing fee. Please click on the following link to access our payment system. You will need to reference your assigned RRB number listed below:**

**CPS RRB/Data Request ePay System**

*Once you navigate to the Illinois E-Pay Site, please click on the blue text "RRB / Data Request Payment Option " to display the appropriate payment options. Once selected, your total will be displayed. Do not attempt to type in your total manually.*

**RRB #**

2021-387

**Payment Confirmation Number**

20000074

-----  
**Load CR/Mod into IRBManager**

**- Submitted 09/23/2024 3:04 PM ET by System, The**

**CR/Mod Processing**  
**- Submitted 09/30/2024 11:24 AM ET by Corson, Adam**

**CR/Mod Processing**

**Ready for Review**

Approve

**Approval Date**

09/30/2024

**Approval Period (in number of months)**

12

**Existing Background Check Level**

Level I

**Existing Background Check Justification**

Interactions with staff

**Does background check level need to be updated?**

No

**Notes for Letter**

*No answer provided.*

**RRB Meeting Date for Notification**

12/06/2024

## Current School Sites

400105 - Urban Prep Academy for Young Men - Bronzeville  
609710 - John M Harlan Community Academy High School  
609718 - John F Kennedy High School  
609741 - Gurdon S Hubbard High School  
609800 - Frank I Bennett Elementary School  
609893 - John C Dore Elementary School  
609902 - Ralph H Metcalfe Elementary Community Academy  
609935 - Matthew Gallistel Elementary Language Academy  
609941 - Asa Philip Randolph Elementary School  
609943 - Jesse Owens Elementary Community Academy  
609978 - Wendell Smith Elementary School  
610054 - John L Marsh Elementary School  
610074 - James Monroe Elementary School  
610077 - Donald Morrill Math & Science Elementary School  
610323 - Bowen High School  
610368 - Langston Hughes Elementary School  
610532 - Irene C. Hernandez Middle School for the Advancement of Science  
610588 - Robert J. Richardson Middle School

## School Sites Chosen Within Data Entry

Asa Philip Randolph Elementary School  
Bowen High School  
Donald Morrill Math & Science Elementary School  
Frank I Bennett Elementary School  
Gurdon S Hubbard High School  
Irene C. Hernandez Middle School for the Advancement of Science  
James Monroe Elementary School  
Jesse Owens Elementary Community Academy  
John F Kennedy High School  
John L Marsh Elementary School  
John M Harlan Community Academy High School  
Langston Hughes Elementary School  
Matthew Gallistel Elementary Language Academy  
Ralph H Metcalfe Elementary Community Academy  
Robert J. Richardson Middle School  
Urban Prep Academy for Young Men - Bronzeville

## School Contacts for Sites Chosen

Agnes Clouston, Marie

**Email:** maclouston@cps.edu

**Phone:**

Alan Parker, Stephen

**Email:** saparker@cps.edu

**Phone:**

Altamirano, Angelica

**Email:** AAltamirano@cps.edu

**Phone:**

Antionette Sydnor, Dawn

**Email:** DASydnor@cps.edu

**Phone:**

Bywater, Joffrey

|  |               |
|--|---------------|
| <b>Email:</b> jbywater@urbanprep.org         | <b>Phone:</b> |
| Fields Jr, Lynn                              |               |
| <b>Email:</b> lfieldsjr@cps.edu              | <b>Phone:</b> |
| Horton, Priscilla                            |               |
| <b>Email:</b> phorton@cps.edu                | <b>Phone:</b> |
| Joyce Nelson, Kimberly                       |               |
| <b>Email:</b> kjnelson1@cps.edu              | <b>Phone:</b> |
| Juan Torres, Jose                            |               |
| <b>Email:</b> jjtorres@cps.edu               | <b>Phone:</b> |
| Lynette Taylor-Goode, Kimbreana              |               |
| <b>Email:</b> KLTaylor-goode@cps.edu         | <b>Phone:</b> |
| Manuel Tellez, Luis                          |               |
| <b>Email:</b> lmtellez@cps.edu               | <b>Phone:</b> |
| Quinlan, Bryan                               |               |
| <b>Email:</b> bquinlan@cps.edu               | <b>Phone:</b> |
| S York, Tinaya                               |               |
| <b>Email:</b> tsyork@cps.edu                 | <b>Phone:</b> |
| Stovall-Brown, Katina                        |               |
| <b>Email:</b> KBrown3@cps.edu                | <b>Phone:</b> |
| T. Fabiyi, Stephen                           |               |
| <b>Email:</b> stfabiyi1@cps.edu              | <b>Phone:</b> |
| Z Szkapiak, George                           |               |
| <b>Email:</b> GZSzkapiak@cps.edu             | <b>Phone:</b> |
| <b>Are the Supplementary Sites the same?</b> |               |
| False  |               |

| Administrative Reviewer        |               |
|--------------------------------|---------------|
| Corson, Adam                   |               |
| <b>Email:</b> ACorson1@cps.edu | <b>Phone:</b> |

Determination Letter Finalization

- Submitted 09/30/2024 11:28 AM ET by Corson, Adam

Review Generated Letter and Confirm Before Sending

RRB #

2021-387

Study Title

Developing Performance Benchmarks for Community School Programs

Principal Investigator

DiFiglio, Isabella

Email: DiFiglioIs@metrofamily.org Company: (312) 986-4088

Determination Letter

In some cases you may see other determination letters attached by the submitter. However, only the generated determination letter will be sent in the decision email.

| Name   | Type                 | Date       |   |
|--|----------------------|------------|---|
| RRB#2021-387-Isabella DiFiglio 2024-09-30.docx | Determination Letter | 09/30/2024 | <i>This determination letter will be automatically attached to an email being sent to the principal investigator.</i> |

Please use the link below, click on the Attachments link on the left side of the page if you need to upload an edited version of the above letter.

Modification/Continuing Review defined 09/23/2024

Output Background Check Level

N/A

Additional Attachments to Decision Email

No answer provided.

## Notes for Determination Email

*No answer provided.*

### Study Site Contact Background Check Expirations

| Name                    | Role                   | Background Check Expiration |
|-------------------------|------------------------|-----------------------------|
| DiFiglio, Isabella      | Primary Contact        | Missing                     |
| DiFiglio, Isabella      | Principal Investigator | Missing                     |
| Johnson, Bryan          | Coordinator            | Missing                     |
| Johnson, Bryan          | District Supporter     | Missing                     |
| Rodriguez, Carol<br>MEd | District Supporter     | Missing                     |

**Please use the text box above to indicate the background check level required or any other pertinent information.**

Level I

### Background Check Level Justification

Interactions with staff

### Other Notes in Letter

N/A

**Please enter the date by which the coordinator should submit the Data Use Agreement. Automatic notifications will be sent out based upon this date.**

11/01/2024



## **Parent Permission for Child's Participation and Consent for Program Evaluation Research:**

### ***"Measuring Program Effectiveness of Community Schools Programs in Chicago"***

**What is the purpose of this program evaluation study?** Metropolitan Family Services is asking for you and your child to be included in this program evaluation study to learn more about how well students do in school after participating in a Community Schools Program. The Community Schools Programs are any activity your child(ren) take part in before or after school. We want to know how well students are doing in the classroom, how they are getting along with classmates and teachers, and how much students enjoy the program. We hope to include about 10,000 students who attend our Community Schools programming in the Chicagoland area in the program evaluation study each year.

The program evaluation is being conducted by Isabella DiFiglio Associate Director of Evaluation and Outcomes, at Metropolitan Family Services. If you agree to participate, information about your child, such as academic and behavioral information from their school records, will be obtained through the end of the school year. If you change your mind, your child will no longer participate in the evaluation. There may be other people on the research team assisting with the study at Metropolitan Family Services' Department of Evaluation and Outcomes.

**Why are you and your child being asked to be in the research?** You and your child are invited to participate in this study because your child is enrolled in Community School before and/or after school programming at his/her school. Only students and parents who participate in before or after school activities can tell us about their experience, which is why you and your child are being asked to participate.

**What is involved in being in the research study?** You may be asked early in the school year to complete a survey about your interests in specific types of programming that the school may offer and the ideal timing for programming. This will help inform the Community Schools staff at your child's school as they plan programming. You will be asked to complete a Parent/Caregiver survey at the end of the school year. This survey will ask what you liked and did not like about the programming. It will also ask if the program changed how you participate in your child's education.

**What will my child be asked to do if I allow her/him to participate in this research?** If your child is in **3<sup>rd</sup> grade or higher**, he/she may be asked to complete a survey about his/her interests in specific types of programming at school to help plan programs. He/she will be asked to complete a satisfaction survey twice each school year while he/she participates in the program. This will help us understand how they feel about different areas of their life after the program and how they feel about the program.

**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 or of materials that will be used with your students. If you would like to do so, you should contact Isabella DiFiglio at 312-986-4088 to obtain a copy of the questions or materials.**

**How much time will this take?** The parent survey will take about 10-15 minutes of your time and will be collected from you at the end of the school year. Our plan is to have parents complete this survey at final student report card pick-up. For your child, it will take about 10-15 minutes of their time to complete the end of year survey. They will have time during the program to finish the survey.

**What other information will be needed for this evaluation study?** Metropolitan Family Services keeps attendance records of your child's participation in the Community Schools Program, and this program attendance information will be included in this evaluation. In addition, your child's teacher will be asked to complete a





teacher survey. The survey will ask the teacher about your child's academic work, his/her behavior in class, attendance, and how he/she gets along with other kids in class.

**Are there any risks involved in participating in this study?** Being in this study does not involve any known risks other than what you or your child would encounter in daily life. However, it is possible but unlikely that you or your child may feel uncomfortable or embarrassed about answering certain questions. There is a very small risk that your child's records will not remain confidential, but security practices make this highly unlikely.

**Are there any benefits to participating in this study?** You and your child will not personally benefit from being in this evaluation study. We hope that what we learn will lead to improved Community School Programs and better academic outcomes for students in the future.

**Can you decide not to let your child participate?** Participation in this evaluation study is completely voluntary. You or your child can choose not to participate in this study and still take part in the Community Schools Program. Even if you agree to allow your child to be in the research, your child may decide that he/she does not want to be in this study now or once he/she starts the study, he/she can withdraw at any time. There will be no negative consequences, penalties, or loss of benefits if you decide not to allow your child to participate or if you change your mind later and withdraw your child from the research after he/she has begun participating.

**Are there other options to my child's being in the research?** Instead of taking the survey, your child may work on homework or read a book. Even if you and/or your child decide not to be in the research, you are welcome to provide general feedback to program personnel on the Community Schools Program. That general feedback will not be included in this evaluation study.

**Who will see my child's information and how will the confidentiality of the information collected for the research be protected?** The research records are kept and stored securely. Your child's information is combined with information from other students taking part in the study. When we write about the study or publish a paper to share the research with other researchers, we will write about the combined information we have gathered. We will not include your child's name or any information that will directly identify your child. We will make every effort to prevent anyone who is not on the research team from knowing that your child gave us information or what that information is. However, some people might review or copy our records that identify your child in order to make sure we are following the required rules, laws, and regulations. For example, the Federal Institutional Review Board may want to review research records to make sure that they are stored securely and are protected by passwords. Only research staff will be able to look at that information. All research data will be destroyed three years from the conclusion of this study. This includes your child's completed surveys.

**Who should be contacted for more information about the research?** Before you decide whether to allow your child to take part in the study or not, please ask any questions that might come to mind now. Later, if you or your child have questions, suggestions, concerns, or complaints about the study or you or your child want to get additional information or provide input about this research, you or your child can contact the researcher Isabella DiFiglio, Associate Director of Evaluation and Outcomes at Metropolitan Family Services, at **312-986-4088** or [DiFiglioIs@metrofamily.org](mailto:DiFiglioIs@metrofamily.org)

This research has been reviewed and approved by The Chicago School of Professional Psychology Federal IRB **IRB-21-04-0067**. If you (or your child) have questions about your child's rights as a research subject, you or your child may contact Theresa Nihill, Chief Operating Officer at 312-986-4040 or by email at [NihillT@metrofamily.org](mailto:NihillT@metrofamily.org).

***You will be given a copy of this information to keep for your records.***



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**Statement of Parent/Legal Guardian Permission for a Child's Participation in Research:**

- I understand that the information outlined above will be kept confidential by Metropolitan Family Services. I understand that I have the right to inspect and copy the student's records, challenge the contents of such records, and limit my consent to the designated records or designated portions of information within the academic records.
- I understand that this consent will remain in effect until September 1, 2021. I understand that to revoke this consent, I must send written notification of my intent to revoke to the CPS Office of Accountability (42 West Madison Street, Suite 300, Chicago, IL 60602) or Metropolitan Family Services (101 North Wacker, Floor 17, Chicago, IL 60606).

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**PARENT PERMISSION FORM**

**Participation in this program evaluation research study, "Measuring Program Effectiveness of Community Schools Programs in Chicago," involves:**

**For all participants,** your child's teacher will be asked to complete a Teacher's Survey at the end of each school year and Metropolitan will collect program participation records.

**For 3<sup>rd</sup> graders and up,** your child will be asked to complete survey forms at the end of each school year while he/she participates in the program, and you will be asked to complete a year-end survey. You and your child may also be asked to fill out a survey to assess your interests in specific program activities and times to inform program planning.

**This permission and consent is valid from now until the end of the school year.**

**My child's name is** \_\_\_\_\_ **Grade** \_\_\_\_\_  
Print Name

☐ **YES, I consent to participate & I give permission for my child to participate in this evaluation study.**

☐ **NO, I do not consent nor give permission for my child to participate in this evaluation study.**

---

**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

***Please return this completed form to Metropolitan Family Services***



**Permiso Adicional de los Padres para la Participación del Niño para la Encuesta del Programa:**  
***“Midiendo la Efectividad de Programas en Chicago de Escuelas de la Comunidad”***

**¿Cuál es el propósito de este estudio de evaluación?** Metropolitan Family Services está pidiéndole a usted y su hijo(a) que participen en el programa de estudio de evaluación para ayudarnos aprender más acerca de las mejoras que los estudiantes tienen en la escuela después de haber participado en el programa de las Escuelas de la Comunidad. El programa de las Escuelas de Comunidad es cualquier actividad en la que participa su hijo(a) antes o después de la escuela. Queremos saber cómo están mejorando los estudiantes en el salón de clases y cómo se comportan con los compañeros y maestros. También queremos determinar la cantidad de estudiantes que disfrutaron del programa. Esperamos incluir cerca de 10.000 estudiantes que asisten nuestro programa escolar en el estudio de evaluación del programa cada año.

Este programa de evaluación está siendo conducido por Isabella DiFiglio Associate Director of Evaluation and Outcomes, de Metropolitan Family Services. Si usted acepta participar, su hijo(a) será registrado y la información será obtenida durante el final del año escolar a menos que decida cambiar de opinión. Si usted cambia de opinión, su hijo(a) dejara de participar en la evaluación. Puede haber otras personas en el equipo de investigación ayudando con el estudio del departamento de calidad y resultados de Metropolitan Family Services.

**¿Por qué usted y su niño se le pide que participe en la investigación?** Usted y su hijo(a) han sido invitados a participar en ésta investigación porque su hijo(a) está inscrito en los programas de las escuelas de la comunidad que toman lugar antes o después de clases en la escuela de su hijo(a). Sólo los estudiantes y padres que participan en la programación serían capaces de contarnos sobre sus experiencias, razón por la cual usted y su hijo se les pide participar.

**¿Qué voy hacer si estoy de acuerdo en participar en la investigación?** Se le pedirá que complete una encuesta a principios del año escolar sobre su intereses en los tipos de programaciones específicos que la escuela puede ofrecer y el momento ideal para la programación. Esto ayudara a informar al personal de las Escuelas de la Comunidad en la escuela de su hijo(a) mientras planean la programación. Se le pedirá que complete una encuesta de padres/cuidadores al final del año escolar. Esta encuesta le preguntará sobre su propia satisfacción con el Programa de las Escuelas de la Comunidad para su hijo(a). También le preguntará si el Programa ha cambiado su compromiso como padre en la participación académica y escolar con su hijo(a).

**¿Qué se le pedirá a mi hijo(a) hacer si le permito participar en esta investigación?** Si su hijo(a) está en el 3er grado o más elevado, se le podrá pedir que completa una encuesta sobre sus intereses específicos del programa para asistir en la planificación del Programa. Se le pedirá a su hijo(a) completar un cuestionario de satisfacción al final de cada año escolar mientras participe en el Programa para entender cómo se siente acerca de su participación en el Programa en las diferentes áreas de su vida y qué opina del Programa

**Padres por favor estén conscientes de que bajo la cláusula del Protection of Pupil Rights Act. 20 U.S.C. Section 1232 (c)(1)(A), ustedes tienen derecho a revisar una copia de las preguntas que se le harán a sus estudiantes. Si tiene dudas, puede comunicarse con Isabella DiFiglio at 312-986-4088 para obtener una copia de las preguntas y/o materiales usados en el programa.**

**¿Cuánto tiempo tomará ésta encuesta?** La encuesta de los padres tomará aproximadamente 10-15 minutos de su tiempo y será recolectada al final del año escolar. Nuestro plan es pedirles a los padres que completen ésta encuesta el día que pasen a recoger la boleta de calificación de fin de año de su hijo(a). Para el niño, tardará unos



10-15 minutos de su tiempo completar la encuesta del fin de año. Los estudiantes tendrán tiempo durante el programa para terminar la encuesta.

**¿Qué otra información se necesitará para éste estudio de evaluación?** Metropolitan Family Services mantiene registros de asistencia de su participación en el programa de escuelas de la comunidad, y esta información de asistencia del programa se incluirán en esta evaluación. Además, la o el maestra/o tendrán que completar una encuesta. La encuesta le preguntará a la o al maestra/o sobre el trabajo académico, comportamiento, asistencia y como se lleva con sus compañeros y maestro/a su estudiante.

**¿Hay riesgos involucrados en participar en este estudio?** Participar en éste estudio no crea más riesgos que los que se pueden encontrar en el transcurso de la vida diaria. Pudiera ser que su hijo(a) o usted, sintieran vergüenza o incomodidad al contestar algunas preguntas. Hay un pequeño riesgo que los archivos de su hijo(a) no permanezcan confidencial, pero las prácticas de seguridad hacen esto muy improbable.

**¿Hay algún beneficio a los participantes en este estudio?** Usted y su hijo(a) no serán personalmente beneficiados por participar en éste estudio de evaluación. Con éste estudio de evaluación, esperamos saber cómo mejorar el Programa de las Escuelas de la Comunidad y obtener mejores resultados académicos para estudiantes en un futuro.

**¿Puede usted decidir no dejar que su hijo(a) participe?** Su participación es voluntaria, que significa que puede elegir no permitir que sus hijos(as) participen. Usted o su hijo(a) puede elegir no participar en este estudio y participar en el programa de escuelas de la comunidad. La participación en este estudio es totalmente voluntaria. Incluso si usted está de acuerdo permitir que su niño(a) participar en la investigación, el niño(a) puede decidir que él o ella no quiere participar en este estudio ahora o una vez que él o ella empiece el estudio, puede retirarse en cualquier momento de la investigación. No habrá consecuencias negativas, sanciones o pérdida de beneficios si usted decide no permitir que su niño(a) participen o si cambia de opinión más adelante y retira a su hijo(a) de la investigación después de que él o ella haya comenzado a participar.

**¿Hay otras opciones para mi hijo que la investigación?** En vez de participar en este estudio su hijo(a) puede trabajar en sus tareas o leer un libro. Incluso si usted o su hijo decide no estar en la investigación, es bienvenido a compartir su opinión general al personal del programa en el programa de escuelas de la comunidad. No, se incluirán opiniones generales en esta investigación.

**¿Quién verá la información del estudio de mi hijo(a) y cómo será protegida la confidencialidad de la información colectada para la investigación?** Los registros de la investigación se mantendrán y almacenarán de manera segura. Información de su hijo(a) se combinarán con información de otras personas que participan en el estudio. Al escribir sobre el estudio o publicar un documento para compartir la investigación con otros investigadores, vamos a escribir acerca de la información combinada que hemos reunido. No incluiremos el nombre de tu hijo(a) o cualquier información que directamente identifique a su hijo(a). Haremos todo lo posible para evitar que cualquier persona que no está en el equipo de investigación sepa que su hijo(a) nos dio información, o que es esa información. Sin embargo, algunas personas pueden revisar o copiar nuestros archivos que pueden identificar a su hijo(a) para asegurarse de que estamos siguiendo requeridas reglas, leyes y regulaciones, por ejemplo, la Federal Institutional Review Board. Investigación de registros se almacenarán de forma segura y están protegidos por contraseñas y solo personal de investigación será capaz de mirar esta información. Tres años después de la conclusión de este estudio se destruirán todos los datos de investigación. Esto incluye expedientes educativos de su hijo(a) y todas las encuestas completadas.

**¿Quién debe ser contactado para obtener más información acerca de la investigación?** Antes de decidir si o no permitir que su niño(a) participe en el estudio, por favor, haga cualquier pregunta que podría venir a la mente ahora. Más adelante, si usted o su hijo(a) tiene preguntas, sugerencias, inquietudes o quejas sobre el estudio o

Spanish Parent Consent for Community Schools Programming 7.17.2023



usted o su niño(a) quieren obtener información adicional o proporcionar información sobre esta investigación, usted o su niño(a) puede comunicarse con la investigadora Isabella DiFiglio, Associate Director of Evaluation and Outcomes de Metropolitan Family Services, en 312-986-4088 o [DiFiglioIs@metrofamily.org](mailto:DiFiglioIs@metrofamily.org).

Esta investigación ha sido revisada y aprobado por Chicago School of Professional Psychology Federal **IRB-21-04-0067**. Si usted (o su hijo/a) tiene preguntas sobre los derechos del niño(a) como un sujeto de investigación usted o su niño/a puede comunicarse con Theresa Nihill, Chief Operating Officer de Metropolitan Family Services, al 312-986-4040 o por correo electrónico a [NihillT@metrofamily.org](mailto:NihillT@metrofamily.org)

*Se le dará una copia de esta información para mantener en sus registros.*



### **Declaración del padre o tutor legal autorización para participación de los niños en la investigación:**

- Entiendo que tengo el derecho de inspeccionar y copiar los registros escolares del estudiante, cuestionar el contenido de dichos registros y limitar mi consentimiento a los registros designados o a partes designadas de la información dentro de los registros.
- Entiendo que este consentimiento permanecerá en vigor hasta el 1 de septiembre de 2021. Entiendo que, para revocar este consentimiento, debo enviar una notificación por escrito de mi intención de revocarlo a: CPS Office of Accountability, 42 West Madison Street, Suite 300, Chicago, Illinois 60602 o a Metropolitan Family Services, 101 North Wacker, Floor 17, Chicago, Illinois 60606.

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### **FORMULARIO DE PERMISO DE LOS PADRES**

#### **Participación en el estudio de Evaluación del Programa, “Midiendo la efectividad de los programas de las escuelas de la comunidad,” involucra:**

**Para todos los participantes**, el maestro(a) de su hijo(a) debe completar un cuestionario llamado Encuesta del Maestro(a) al final de cada año escolar y Metropolitan recolectará records de participación del programa.

**Para estudiantes del 3er grado en adelante**, su hijo(a) se le pedirá que llene unas encuestas al final de cada año escolar mientras el/ella participe en el programa y a usted se le pedirá llenar una encuesta de fin de año. A usted y a su hijo también se les puede pedir que completen una encuesta para evaluar sus intereses en las actividades y horas del programa específico para informar la planificación del programa.

**Éste permiso y consentimiento es válido desde hoy y hasta el final del año escolar.**

**Nombre de mi hijo(a) es:** \_\_\_\_\_ **Año**  
**Escolar:** \_\_\_\_\_

Nombre en letra de imprenta

#### **Estudio de Evaluación del Programa:**

- ☐ **SI, Participaré en el estudio de Evaluación del Programa y autorizo la participación de mi hijo(a) en éste Estudio de Evaluación del Programa.**
- ☐ **NO, No participaré en el estudio de Evaluación del Programa y no autorizo la participación de mi hijo(a) en éste Estudio de Evaluación del Programa.**

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### **FIRMA DE PADRE/TUTOR LEGAL**

\_\_\_\_\_  
Firma de Padre/Tutor Legal

\_\_\_\_\_  
Nombre en letra de imprenta

\_\_\_\_\_  
Fecha

***Por favor regresar esta forma llena a Metropolitan Family Services***





## **STUDENT ASSENT TO PARTICIPATE IN PROGRAM EVALUATION RESEARCH**

### ***“Measuring Program Effectiveness of Community Schools Programs in Chicago”***

My name is Isabella DiFiglio, and I am a researcher at Metropolitan Family Services. I am helping the Community Schools Program staff to learn more about how well you are doing in the classroom, how well you are able to get along with your classmates and teachers, and how much you enjoy the program. The Community Schools Program at your school is any activity you participate in before or after school. We hope that this research will help us better understand what students and families get from coming to the programs and how it may help you do better in school.

We want to ask you to be part of this research study. If you say yes, we will ask you to complete surveys at the beginning and end of the program. We will also ask your teacher and the adult who takes care of you to complete surveys about how they thought you did after being part of the program. The surveys at the beginning and end of the school year should take between 10-15 minutes and we will be doing these during before or after school program activities.

We want you to know that you can still be in the Community Schools Program whether you say yes or no to being in this program evaluation study. If you agree to be part of this study, it means that we will use what you tell us to learn about how students in general feel after about school and different areas of their lives. You can also decide not to be in the study at any time. Being in the study is your choice – nothing bad will happen if you do not want to participate.

Some of the questions we ask you might make you feel uncomfortable or embarrassed but we want you to know that you can skip any question that makes you feel uncomfortable. There is a very small risk that your records will not stay private, but we will do all that we can to keep records private. Also, in any report we write, we will not include anything that is personal like your name. Study records will be stored securely and are protected by passwords. Some people might review our records in order to make sure we are doing what we are supposed to. All study data will be destroyed three years from the end of this study. This includes all completed surveys. If you want to be a part of the study, please sign your name at the bottom of the page. This tells us that you are saying yes and want to be a part of it. If you have a hard time writing, your caregiver can write your name for you to show that you want to be a part of our study.

Thank you for helping us to learn about how students feel about different areas of their life, how they feel about our program, and how students are doing in school. Our phone numbers are at the bottom of the page. Please call us if you have any questions, either now or later, about the study.

**What if you have questions, suggestions, concerns, or complaints?** Please have an adult contact Isabella DiFiglio at 312-986-4088 or at [DiFiglioIs@metrofamily.org](mailto:DiFiglioIs@metrofamily.org)

This research has been reviewed and approved by the Chicago School of Professional Psychology Institutional Review Board (IRB). If you have questions about your rights as a research subject you may contact Theresa Nihill, Chief Operating Officer, at 312-986-4040 or by email at [NihillT@metrofamily.org](mailto:NihillT@metrofamily.org)

***You will be given a copy of this information to keep for your records.***



**Statement of Assent from the Subject:**

I have read the above information. I have had all my questions and concerns answered.

☐ **YES**, I agree to be in this research study.

☐ **NO**, I **DO NOT** agree to be in this research study.

Student's Signature: \_\_\_\_\_

Student's Grade in School: \_\_\_\_\_

Student's Printed Name: \_\_\_\_\_

Student's Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_





## CONSENTIMIENTO DEL ESTUDIANTE PARA LA PARTICIPACION DE LA ENCUESTA DEL PROGRAMA

### "Medición de la eficacia del programa de los programas de escuelas de la comunidad en Chicago"

Mi nombre es Isabella DiFiglio, y soy una investigadora que trabaja en Metropolitan Family Services. Estoy ayudando al personal de los programas de escuelas de la comunidad para aprender más sobre lo bien que estás haciendo en el salón de clases, si eres capaz de llevarte bien con tus compañeros y maestros, y cuánto disfrutas del programa. El programa de las Escuelas de Comunidad es cualquier actividad en la que participa su hijo(a) antes o después de la escuela. Esperamos que la información que obtengamos de esta investigación ayude a otro personal de la escuela a entender mejor lo que estudiantes y familias reciben viniendo a los programas y cómo pueden ayudarle mejor en la escuela.

Queremos pedirte que seas parte de este estudio de investigación. Si dices que sí, te pediremos que completes una encuesta al principio y al final del programa. También le pediremos a tu maestro y al adulto que se encarga de ti, completar encuestas sobre cómo piensan que hiciste después de haber sido parte del programa. Al principio y al final del año escolar, las encuestas deben tomar entre 10-15 minutos y vamos a hacerlas durante el tiempo del programa.

Queremos que sepas que aún puedes estar en el programa independientemente si dices sí o no a estar en esta evaluación del programa de estudio. Si tu aceptas ser parte de este estudio, significa que también utilizaremos lo que nos dices para aprender acerca de cómo los estudiantes en general se sienten sobre diferentes áreas de sus vidas y la escuela. También puedes decidir no participar en el estudio en cualquier momento. Participar en el estudio es tu opción – no hay ninguna penalidad por no participar.

Algunas de las preguntas podrían hacerte sentir incómodo o avergonzado, pero queremos que sepas que puedes saltar cualquier pregunta que te haga sentir incómodo. Hay un pequeño riesgo de que tus registros no permanezcan confidenciales, pero haremos todo lo posible para mantener los registros privados. También, en cualquier informe que se escriba, no incluiremos todo aquello que es personal como tu nombre. Los registros de estudio se almacenarán de forma segura y están protegidos por contraseñas. Algunas personas podrían revisar nuestros registros para asegurarse de que estamos haciendo lo que se supone que. Se destruirán todos los datos de estudio después de tres años del final del estudio. Si tu quieres ser parte del estudio, por favor firma tu nombre en la parte inferior de la página. Esto nos dice que dices sí y quieres ser parte de el. Si tu tienes dificultad escribiendo, tu cuidador puede escribir tu nombre para mostrar que quieres ser parte de nuestro estudio.

Gracias por ayudarnos aprender cómo los estudiantes se sienten sobre distintas áreas de sus vidas, cómo se sienten acerca de nuestro programa y cómo están haciendo en la escuela. Nuestros números de teléfono están en la parte inferior de la página. Por favor llámanos si tienes cualquier pregunta, ya sea ahora o más tarde, sobre el estudio.

**¿Qué pasa si tu tienes preguntas, preocupaciones o quejas?** Puedes comunicarte con la investigadora, Isabella DiFiglio, en 312-986-4088 o por correo electrónico [DiFiglioIs@metrofamily.org](mailto:DiFiglioIs@metrofamily.org)

Esta investigación ha sido revisada y aprobada por la junta de revisión de Chicago School of Professional Psychology (IRB).. Si tu tienes preguntas acerca de tus derechos como participante de investigación puedes contactar a Theresa Nihill, Chief Operating Officer de Metropolitan Family Services, al 312-986-4040 o por correo electrónico a [NihillT@metrofamily.org](mailto:NihillT@metrofamily.org).

*Se te dará una copia de esta información para mantener tus registros.*



**Declaración de asentimiento de la asignatura:**

He leído la información anterior. He tenido todas mis preguntas e inquietudes respondidas.

☐ **SÍ**, Estoy de acuerdo en participar en este estudio de investigación.

☐ **NO**, No estoy de acuerdo en estar estudio de investigación.

Firma del estudiante: \_\_\_\_\_

Grado escolar del estudiante: \_\_\_\_\_

Nombre de impresa del estudiante: \_\_\_\_\_

Edad del estudiante: \_\_\_\_\_

Nombre del padre/tutor: \_\_\_\_\_



42 W. Madison | 2<sup>nd</sup> Floor | Chicago, IL 60602  
Telephone: (773) 553-4444  
Fax: (773) 553-2421

09/25/2023

Isabella DiFiglio  
101 N Wacker Drive  
Floor 17  
Chicago, IL 60606

Dear Ms. DiFiglio,

Thank you for your interest in conducting research in The Chicago Public Schools. The Research Review Board has reviewed your Modification proposal 09/15/2023 for research, titled: Developing Performance Benchmarks for Community School Programs.

The Research Review Board has completed the review of your Modification proposal and has approved your request to conduct this research. Although your study is approved, school principals have final authority over activities that are allowed to take place in the school. If data collection continues beyond a year from this approval, please complete the Modification & Continuing Review Process Form through IRBManager.

Please note the following--

Background Check Level Required: Level I

Other Notes: Interactions with staff

Upon completion of the research study, a copy of the final report or summary of the results must be provided to the Research Review Board. The Board reserves the right to use the information in the research report or summary for planning, solicitation or grants, and staff development.

Please note that your study has been assigned Project ID #2021-387. If you have any questions, please contact our office by email at [research@cps.edu](mailto:research@cps.edu).

Sincerely,

A handwritten signature in black ink, appearing to read "Sarah Dickson".

Sarah Dickson  
Co-Chair, Research Review Board



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Sincerely,

A handwritten signature in black ink, appearing to read "Sarah Dickson".

Sarah Dickson  
Co-Chair, Research Review Board

## Community Schools/Parent Survey

### What your answers mean, if you circled...

1. **Strongly Agree:** You have found this to be true and you are *excited* about this.
2. **Agree:** You have found this to be true.
3. **Disagree:** You have NOT found this to be true.
4. **Strongly Disagree:** You have NOT found this to be true and you are *disappointed* about this.

1. At what school does your child receive community school programming?

a.

2. Today's Date: (MM/DD/YYYY)

a.

3. My age is:

- a. Under 21
- b. 21-25
- c. 26-35
- d. 36-45
- e. Over 45

~~4. Are you:~~

- ~~a. Male~~
- ~~b. Female~~
- ~~c. Other~~

~~5.4.~~ How many children do you have in this school?

- a. 1
- b. 2
- c. 3
- d. 4 or more

~~6. Please mark the race/ethnicity with which you most closely identify (please mark all that apply)~~

- ~~a. Black/African American~~
- ~~b. White/European~~
- ~~c. Native American~~
- ~~d. Asian/Pacific Islander~~
- ~~e. Latino/Hispanic~~
- ~~f. Other (please specify):~~

~~7.5.~~ How many days per week does your child typically come to this after school program?

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5

6. Did you attend a Community Schools parent or family activity this year?

- a. No

b. Yes

c. If yes, were you satisfied? If no, why not?

7. How often do you attend a Community Schools parent or family activity during the week?

a. Almost everyday

b. 3-4 days a week

c. 2-3 days a week

d. 1-2 days a week

e. Rarely

8. How long have you been attending a Community Schools parent or family activity?

a. Less than 1 year

b. 1 year

c. 2 years

d. 3 years

e. 4 years

e.f. This is my first year

8-9. Because of this after school program, my child:

a. Is more interested in school.

i. Strongly Agree 😄

ii. Agree 😊

iii. Disagree 😞

iv. Strongly Disagree 😡

i. Strongly Disagree

ii. Disagree

iii. Neutral

iv. Agree

v. Strongly Agree

b. Has learned new knowledge or skills.

i. Strongly Agree 😄

ii. Agree 😊

iii. Disagree 😞

iv. Strongly Disagree 😡

i. Strongly Disagree

ii. Disagree

iii. Neutral

iv. Agree

v. Strongly Agree

c. Has a more positive attitude

i. Strongly Agree 😄

ii. Agree 😊

iii. Disagree 😞

iv. Strongly Disagree 😡

i. Strongly Disagree

ii. Disagree

- iii. — Neutral
- iv. — Agree
- v. — Strongly Agree

d. Does NOT enjoy going to school as much.

d. — Enjoys going to school more:

- i. Strongly Agree 😊
- ii. Agree 😊
- iii. Disagree 😞
- iv. Strongly Disagree 😞
- i. — Strongly Disagree
- ii. — Disagree
- iii. — Neutral
- iv. — Agree
- v. — Strongly Agree

e. Gets along better with other students.

- i. Strongly Agree 😊
- ii. Agree 😊
- iii. Disagree 😞
- iv. Strongly Disagree 😞
- i. — Strongly Disagree
- ii. — Disagree
- iii. — Neutral
- iv. — Agree
- v. — Strongly Agree

f. Learns things that help him/her do better in school.

- i. Strongly Agree 😊
- ii. Agree 😊
- iii. Disagree 😞
- iv. Strongly Disagree 😞
- i. — Strongly Disagree
- ii. — Disagree
- iii. — Neutral
- iv. — Agree
- v. — Strongly Agree

g. Has a staff person whom he/she can talk to?

- i. Strongly Agree 😊
- ii. Agree 😊
- iii. Disagree 😞
- iv. Strongly Disagree 😞
- i. — Strongly Disagree
- ii. — Disagree
- iii. — Neutral
- iv. — Agree

~~v. Strongly Agree~~

9.10. How often do you:

a. Volunteer at this school

i. Almost Every Day

ii. Once a Week

iii. Once a Month

iv. Almost Never

~~i. Almost Daily~~

~~ii. Weekly~~

~~iii. Monthly~~

~~iv. Almost Never~~

b. Participate in a parent or family activity at this school.

i. Almost Every Day

ii. Once a Week

iii. Once a Month

iv. Almost Never

~~i. Almost Daily~~

~~ii. Weekly~~

~~iii. Monthly~~

~~iv. Almost Never~~

c. Talk to your child's teacher.

i. Almost Every Day

ii. Once a Week

iii. Once a Month

iv. Almost Never

~~i. Almost Daily~~

~~ii. Weekly~~

~~iii. Monthly~~

~~iv. Almost Never~~

d. Help your child with homework.

i. Almost Every Day

ii. Once a Week

iii. Once a Month

iv. Almost Never

~~i. Almost Daily~~

~~ii. Weekly~~

~~iii. Monthly~~

~~iv. Almost Never~~

e. Talk to your child about school.

i. Almost Every Day

ii. Once a Week

iii. Once a Month

iv. Almost Never

~~i. Almost Daily~~



- ~~ii. Weekly~~
- ~~iii. Monthly~~
- ~~iv. Almost Never~~

f. Talk to your child about their future (such as graduating, going to college, career, etc.)

- i. Almost Every Day
- ii. Once a Week
- iii. Once a Month
- iv. Almost Never
- ~~i. Almost Daily~~
- ~~ii. Weekly~~
- ~~iii. Monthly~~
- ~~iv. Almost Never~~

10.11. How much do you agree with each statement?

a. I feel welcomed by after school staff when I come to this school.

- i. Strongly Disagree 😞
- ii. Disagree ☹️
- iii. Agree 😊
- iv. Strongly Agree 😄
- ~~i. Strongly Disagree~~
- ~~ii. Disagree~~
- ~~iii. Neutral~~
- ~~iv. Agree~~
- ~~v. Strongly Agree~~

b. This after school program provides safe, structured activities for my child.

- i. Strongly Disagree 😞
- ii. Disagree ☹️
- iii. Agree 😊
- iv. Strongly Agree 😄
- ~~i. Strongly Disagree~~
- ~~ii. Disagree~~
- ~~iii. Neutral~~
- ~~iv. Agree~~
- ~~v. Strongly Agree~~

c. The adults in this after school program care about my child.

- i. Strongly Disagree 😞
- ii. Disagree ☹️
- iii. Agree 😊
- iv. Strongly Agree 😄
- ~~i. Strongly Disagree~~
- ~~ii. Disagree~~
- ~~iii. Neutral~~
- ~~iv. Agree~~
- ~~v. Strongly Agree~~

d. The activities are NOT interesting or useful.

d. —Parent or family activities are interesting or useful.

i. Strongly Disagree 😞

ii. Disagree 😞

iii. Agree 😊

iv. Strongly Agree 😊

~~i. Strongly Disagree~~

~~ii. Disagree~~

~~iii. Neutral~~

~~iv. Agree~~

e. Strongly Agree My thoughts and ideas are respected by the after-school staff in the program.

i. All the time

ii. Most of the time

iii. Rarely

iv. Never

f. This program helps me connect with other families.

i. Strongly Disagree 😞

ii. Disagree 😞

iii. Agree 😊

iv. Strongly Agree 😊

g. Program activities are offered at convenient times that fit my schedule.

i. All the time

ii. Most of the time

iii. Rarely

~~iv. Never~~

11.12. Overall, how satisfied are you with this after school program?

i. Very Dissatisfied 😞

ii. Dissatisfied 😞

iii. Satisfied 😊

iv. Very Satisfied 😊

~~a. Very Dissatisfied~~

~~b. Somewhat Dissatisfied~~

~~c. Somewhat Satisfied~~

~~d. Very Satisfied~~

12.13. Would you recommend this after school program to other parents?

a. No

b. Yes

b.14. **For questions 15-19 use the space provided below each question to express your opinions in more detail.**

13.15. How has the after-school program helped you and your child?

a.

14.16. What do you like most about this after school program?

a.

~~15. Did you attend a Community Schools parent or family activity this year?~~

~~a. No~~

~~b. Yes~~

~~c. If yes, were you satisfied? If no, why not?~~

17. In what ways can the after-school program be improved?

~~16.~~a. \_\_\_\_\_

18. Is there anything you want to tell us about your or your child's involvement in the program in the past 3 months?

a. \_\_\_\_\_

19. Is this the first time you've taken this survey?

a. Yes

~~a.~~b. No

## Community Schools / Escuela de Padres

Nosotros valoramos su opinión! La información que usted provea nos ayudará a planear nuestros programas y servicios para seguir mejorando nuestros resultados con nuestros estudiantes. Sus respuestas individuales permanecerán anónimas y confidenciales. Sus respuestas a estas preguntas son voluntarias.

### Lo que significan tus respuestas, si eligiste...

1. Totalmente de acuerdo: Usted ha encontrado que esto es cierto y está entusiasmado con esto.

2. De acuerdo: Has encontrado que esto es cierto.

3. En desacuerdo: Usted NO ha encontrado que esto sea cierto.

4. Totalmente en desacuerdo: Usted NO ha encontrado que esto sea cierto y está decepcionado por esto.

1. ¿En qué escuela reciba su hijo/a su programación escolar de la comunidad?

a.

2. ¿Cuál es la fecha de hoy?

a.

3. Mi edad es:

a. Menos de 21

b. 21-25

c. 26-35

d. 36-45

e. Más de 45

~~4. ¿Cuál es su sexo?~~

~~a. Masculino~~

~~b. Femenino~~

~~c. Otro~~

~~5.4. ¿Cuántos hijos tiene usted que asisten a esta escuela?~~

~~a. 1~~

~~b. 2~~

~~c. 3~~

~~d. 4 o más~~

~~6. Por favor marque la raza/etnicidad con la cual usted se identifica mejor (por favor, marque todo lo que se aplica)~~

~~a. Negro/Afro-Americano~~

~~b. Asiático/Islas de Pacifico~~

~~c. Blanco/Europeo-Americano~~

~~d. Latino/Hispano~~

~~a. Americano Nativo~~

~~b. Otro (por favor, especifique)~~

7.5. ¿Cuántos días por la semana viene su hijo normalmente a este programa después de la escuela?

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5

6. ¿Asistió a una actividad para padres o familias de las Escuelas Comunitarias este año?

- a. No
- b. Si
- c. Si, sí ¿estaba satisfecho? Si no, ¿porqué?

7. ¿Con qué frecuencia asiste al programa de Escuelas Comunitarias durante la semana?

- a. Casi todos los dias
- b. 3-4 dias a la semana
- c. 2-3 dias a la semana
- d. 1-2 dias a la semana
- e. Casi nunca

8. ¿Cuánto tiempo ha estado asistiendo al programa de Escuelas Comunitarias?

- a. Menos de un año
- b. 1 año
- c. 2 años
- d. 3 años
- e. 4 años o mas
- e.f. Este el mi primer año

8.9. Por este programa después de la escuela, mi hijo/a:

- a. está más interesado/a en la escuela
  - i. Totalmente de acuerdo 😊
  - ii. De acuerdo 😊
  - iii. En desacuerdo ☹️
  - iv. Totalmente en desacuerdo ☹️
  - ~~i. Totalmente en desacuerdo~~
  - ~~ii. En desacuerdo~~
  - ~~iii. Neutro~~
  - ~~iv. De acuerdo~~
  - ~~v. Totalmente de acuerdo~~
- b. ha aprendido/a nuevos conocimientos o destrezas
  - v. Totalmente de acuerdo 😊
  - vi. De acuerdo 😊
  - vii. En desacuerdo ☹️
  - viii. Totalmente en desacuerdo ☹️
  - ~~i. Totalmente en desacuerdo~~
  - ~~ii. En desacuerdo~~
  - ~~iii. Neutro~~

- iv.—De acuerdo
- v.—Totalmente de acuerdo

c. tiene una actitud más positiva

- ix. Totalmente de acuerdo 😊
- x. De acuerdo 😊
- xi. En desacuerdo 😞
- xii. Totalmente en desacuerdo 😞
- i.—Totalmente en desacuerdo
- ii.—En desacuerdo
- iii.—Neutro
- iv.—De acuerdo
- v.—Totalmente de acuerdo

d. NO disfruta más de ir a la escuela

- xiii. Totalmente de acuerdo 😊
- xiv. De acuerdo 😊
- xv. En desacuerdo 😞
- xvi. Totalmente en desacuerdo 😞
- i.—Totalmente en desacuerdo
- ii.—En desacuerdo
- iii.—Neutro
- iv.—De acuerdo
- v.—Totalmente de acuerdo

e. tiene mejor relación con otros estudiantes

- xvii. Totalmente de acuerdo 😊
- xviii. De acuerdo 😊
- xix. En desacuerdo 😞
- xx. Totalmente en desacuerdo 😞
- i.—Totalmente en desacuerdo
- ii.—En desacuerdo
- iii.—Neutro
- iv.—De acuerdo
- v.—Totalmente de acuerdo

f. aprende nuevas cosas que le ayudan a el/ella para sentirse mejor en la escuela

- xxi. Totalmente de acuerdo 😊
- xxii. De acuerdo 😊
- xxiii. En desacuerdo 😞
- xxiv. Totalmente en desacuerdo 😞
- i.—Totalmente en desacuerdo
- ii.—En desacuerdo
- iii.—Neutro
- iv.—De acuerdo
- v.—Totalmente de acuerdo

g. hay alguien del personal con quien el/ella puede hablar.

- xxv. Totalmente de acuerdo 😊
- xxvi. De acuerdo 😊
- xxvii. En desacuerdo 😞
- xxviii. Totalmente en desacuerdo 😞
- i. ~~Totalmente en desacuerdo~~
- ii. ~~En desacuerdo~~
- iii. ~~Neutro~~
- iv. ~~De acuerdo~~
- v. ~~Totalmente de acuerdo~~

9.10. ¿Con que frecuencia...

- a. trabaja como un voluntario en esta escuela?
- i. Casi diario
- ii. Una vez por semana ~~Semanal~~
- iii. Una vez por mes ~~Mensual~~
- iv. Casi Nunca
- b. participa en una actividad para padres y familias en esta escuela?
- i. Casi diario
- ii. Una vez por semana
- iii. Una vez por mes
- iv. Casi Nunca
- i. ~~Casi diario~~
- ii. ~~Semanal~~
- iii. ~~Mensual~~
- iv. ~~Casi Nunca~~
- c. habla con el maestro de su hijo/a?
- i. Casi diario
- ii. Una vez por semana
- iii. Una vez por mes
- iv. Casi Nunca
- i. ~~Casi diario~~
- ii. ~~Semanal~~
- iii. ~~Mensual~~
- iv. ~~Casi Nunca~~
- d. ayuda a su hijo/a con su tarea?
- i. Casi diario
- ii. Una vez por semana
- iii. Una vez por mes
- iv. Casi Nunca
- i. ~~Casi diario~~
- ii. ~~Semanal~~
- iii. ~~Mensual~~
- iv. ~~Casi Nunca~~
- e. habla con su hijo/a de la escuela?
- v. Casi diario

- vi. Una vez por semana
- vii. Una vez por mes
- viii. Casi Nunca
- v. ~~Casi diario~~
- vi. ~~Semanal~~
- vii. ~~Mensual~~
- viii. ~~Casi Nunca~~

f. habla con su hijo/a sobre el futuro (como de su graduación, ir al colegio, su carrera, etc.)?

- ix. Casi diario
- x. Una vez por semana
- xi. Una vez por mes
- xii. Casi Nunca
- ix. ~~Casi diario~~
- x. ~~Semanal~~
- xi. ~~Mensual~~
- xii. ~~Casi Nunca~~

10.11. ¿Hasta qué punto está de acuerdo con cada ~~declaracion?~~declaración?

- a. Yo me siento bienvenido por el personal de este programa cuando visito esta escuela
  - i. Totalmente en desacuerdo 😞
  - ii. En desacuerdo 😐
  - iii. ~~Neutro~~
  - iv. De acuerdo 😊
  - v. Totalmente de acuerdo 😄
- b. Este programa después de la escuela provee actividades organizadas para mi hijo/a en un ambiente de seguridad
  - i. Totalmente en desacuerdo 😞
  - ii. En desacuerdo 😐
  - iii. De acuerdo 😊
  - iv. Totalmente de acuerdo 😄
  - i. ~~Totalmente en desacuerdo~~
  - ii. ~~En desacuerdo~~
  - iii. ~~Neutro~~
  - iv. ~~De acuerdo~~
  - v. ~~Totalmente de acuerdo~~
- c. Los adultos en este programa se preocupan por mi hijo/a
  - i. Totalmente en desacuerdo 😞
  - ii. En desacuerdo 😐
  - iii. De acuerdo 😊
  - iv. Totalmente de acuerdo 😄
  - i. ~~Totalmente en desacuerdo~~
  - ii. ~~En desacuerdo~~
  - iii. ~~Neutro~~



iv. De acuerdo

v. Totalmente de acuerdo

d. Las actividades de padres o familias NO son interesantes o útiles

v. Totalmente en desacuerdo 😞

vi. En desacuerdo 😞

vii. De acuerdo 😊

viii. Totalmente de acuerdo 😊

vi. Totalmente en desacuerdo

vii. En desacuerdo

viii. Neutro

ix. De acuerdo

e. Totalmente de acuerdo Mis pensamientos e ideas son respetados por los maestros / adultos en el programa.

i. Todo el tiempo

ii. La mayoría de las veces

iii. Rara vez

iv. Nunca

f. Este programa me ayuda a conectarme con otras familias.

ix. Totalmente en desacuerdo 😞

x. En desacuerdo 😞

xi. De acuerdo 😊

xii. Totalmente de acuerdo 😊

g. Las actividades del programa se ofrecen en horarios convenientes que se ajustan a mi horario.

i. Todo el tiempo

ii. La mayoría de las veces

iii. Rara vez

iv. Nunca

11.12. ¿En general, cuan satisfecho está usted con este programa después de la escuela?

a. Muy descontento 😞

b. Un poco descontento 😞

c. Un poco satisfecho 😊

d. Muy satisfecho 😊

12.13. ¿Les recomendaría este programa después de la escuela a otros padres?

a. No

b. Si

14. Para las preguntas 15-19, utilice el espacio proporcionado debajo de cada pregunta para expresar sus opiniones con más detalle.

13.15. ¿De que manera le ha ayudado a usted y su hijo/a este programa después de la escuela?

a.

14.16. ¿Qué es lo que más le gusta del programa?

a.

15. ¿Ha asistido a una actividad de padres o familias de Community School este año?

a. ~~No~~

b. ~~Sí~~

c. ~~Si, sí ¿estaba satisfecho? Si no, ¿porqué?~~

16-17. ¿De qué manera puede mejorar este programa después de la escuela ?

18. ¿Hay algo más que quieras decirnos sobre tu tiempo en este programa en los últimos 3 meses?

a.       

19. ¿Es la primera vez que toma esta encuesta?

a. Si

b. No

a-c. No estoy seguro(a)

## Community Schools/Student Experience Survey

~~1.~~ 1. —At what school do you receive community school programming?

- a. Fill in the blank response
- 2. How long have you been in this after school program? This is my...
  - a. First year
  - b. Second year
  - c. Third year
  - d. Fourth year (or longer)

~~3.~~ 3. Are you...

- ~~a.~~ a. Male
- ~~b.~~ b. Female
- ~~c.~~ c. Other

~~1.~~ 3. What grade are you in?

- ~~d.e.~~ d.e. 3<sup>rd</sup>
- ~~e.f.~~ e.f. 4<sup>th</sup>
- ~~f.g.~~ f.g. 5<sup>th</sup>
- ~~g.h.~~ g.h. 6<sup>th</sup>
- ~~h.i.~~ h.i. 7<sup>th</sup>

- ~~i.j.~~ i.j. 8<sup>th</sup>
- ~~j.k.~~ j.k. 9<sup>th</sup>
- ~~k.l.~~ k.l. 10<sup>th</sup>
- ~~l.m.~~ l.m. 11<sup>th</sup>
- ~~m.n.~~ m.n. 12<sup>th</sup>

~~4.~~ 4. What race/ethnicity are you? (please mark all that apply)

- ~~a.~~ a. Black/African American
- ~~b.~~ b. Latino/Hispanic
- ~~c.~~ c. Asian/Pacific Islander
- ~~d.~~ d. White/European American
- ~~e.~~ e. Native American
- ~~f.~~ f. Other (please specify)

List 3 skills or things that you learned during Community Schools programming this year that will help you in school or outside of school.

~~5.~~ 4. How often do you attend the Community Schools program during the week?

- ~~a.~~ a. Fill in the blank response Almost everyday
- ~~b.~~ b. Fill in the blank response 3 or 4 days a week
- ~~c.~~ c. Fill in the blank response 2 or 3 days a week
- ~~d.~~ d. 1 or 2 days a week
- ~~e.~~ e. I don't go

~~6.~~ 6. What helped you learn these things?

- ~~a.~~ a. Fill in the blank response

~~7.~~ 5. Please answer the following questions:

~~a.g.~~ a.g. I like being in the program. The teachers/adults in the program are kind to me.

- ~~a.~~ a. Strongly Agree 😊
- ~~b.~~ b. Agree 😊
- ~~c.~~ c. Disagree 😊
- ~~d.~~ d. Strongly Disagree 😊
  - ~~i.~~ i. Not at All
  - ~~ii.~~ ii. Just a Little
  - ~~iii.~~ iii. Pretty Much

iv. —Very Much

b.r. Coming to the program helped me do better in school. My thoughts and ideas are respected by the teachers/adults in the program.

i. Strongly Agree 😊

ii. Agree 😊

iii. Disagree 😞

iv. Strongly Disagree 😞

i. —Not at All

ii. —Just a Little

iii. —Pretty Much

iv. —Very Much

e.s. Coming to the program helped me make new friends. I have made friends in this program.

i. Strongly Agree 😊

ii. Agree 😊

iii. Disagree 😞

iv. Strongly Disagree 😞

i. —Not at All

ii. —Just a Little

iii. —Pretty Much

iv. —Very Much

d.t. Coming to the program helped me get along better with other students. In this program, I learn important skills that can help me in school.

i. Strongly Agree 😊

ii. Agree 😊

iii. Disagree 😞

iv. Strongly Disagree 😞

i. —Not at All

ii. —Just a Little

iii. —Pretty Much

iv. —Very Much

e.u. I learned ways to solve problems on my own in this program. The teachers/adults know my name.

i. Strongly Agree 😊

ii. Agree 😊

iii. Disagree 😞

iv. Strongly Disagree 😞

i. —Not at All

ii. —Just a Little

iii. —Pretty Much

iv. —Very Much

f.v. ~~I learned ways to solve problems with other students in this program. I have fun when I am in this program.~~

i. All the time 😊

ii. Most of the time 😊

iii. Rarely 😊

iv. Never 😊

i. ~~Not at All~~

ii. ~~Just a Little~~

iii. ~~Pretty Much~~

iv. ~~Very Much~~

g.w. ~~Coming to the program helped me learn ways to take care of myself when I am upset. I feel comfortable with the other students in this program.~~

i. All the time 😊

ii. Most of the time 😊

iii. Rarely 😊

iv. Never 😊

i. ~~Not at All~~

ii. ~~Just a Little~~

iii. ~~Pretty Much~~

iv. ~~Very Much~~

h.x. ~~I was able to work as a team with other students in this program. Students in the program treat each other with respect.~~

i. All the time 😊

ii. Most of the time 😊

iii. Rarely 😊

iv. Never 😊

i. ~~Not at All~~

ii. ~~Just a Little~~

iii. ~~Pretty Much~~

iv. ~~Very Much~~

i.y. ~~There is at least one staff from the program whom I can talk to about things that are happening in my life. I feel welcomed in this program.~~

i. All the time 😊

ii. Most of the time 😊

iii. Rarely 😊

iv. Never 😊

i. ~~Not at All~~

ii. ~~Just a Little~~

iii. ~~Pretty Much~~

z. ~~Very Much I do NOT feel safe in this program.~~

i. All the time 😊

ii. Most of the time 😊

iii. Rarely 😞

iv. Never 😞

aa. ~~What do you like about the program?~~ Overall, I feel good about the services I have received. Fill in the blank response

i. All the time 😊

ii. Most of the time 😊

iii. Rarely 😞

iv. Never 😞

~~8.bb.~~ What do you like least? Is there anything else you wanted to tell us about your time in this program in the past 3 months?

i. Fill in the blank response Yes

ii. No

~~a.iii.~~ If you circled yes, please tell us more below

~~9.3.~~ If you could change the program, how would you change it? Is this the first time you've taken this survey?

a. Fill in the blank response Yes

b. No

~~a.c.~~ I'm not sure

~~10.4.~~ Today's Date (MM/DD/YYYY)

a. Date:

Escuelas Comunitarias Encuesta de Estudiante

1. ¿Dónde recibes servicios de community schools (community school programming)?
  - a.
2. ¿Cuánto tiempo has estado en este programa de After School Program? Este es mi.....
  - a. Primer año
  - b. Segundo año
  - c. Tercer año
  - d. Cuarto año (o más)

3. ~~Eres...~~ ¿En qué grado estás en la escuela?

- a. 3o
- b. 4o
- c. 5o
- d. 6o
- e. 7º
- f. 8o
- g. 9o
- h. 10o
- i. 11o
- j. 12º

~~3-4.~~ Con que frecuencia asiste al programa de Escuelas Comunitarias durante la semana?

- a. Hombre Casi todos los dias
- b. Mujer 3 o 4 dias a la semana
- c. Otro 2 o 3 dias a la semana
- d. 1 o 2 dias a la semana
- e. No asisto el programa

4. ~~¿En qué grado estás en la escuela?~~

- ~~a. 3rd~~
- ~~b. 4th~~
- ~~c. 5th~~
- ~~d. 6th~~
- ~~e. 7<sup>th</sup>~~
- ~~f. 8th~~
- ~~g. 9th~~
- ~~h. 10th~~
- ~~i. 11th~~
- ~~j. 12<sup>th</sup>~~

5. ¿A qué grupo étnico pertences? (por favor marca todo lo que le aplique)

- a. f. Negro/Afroamericano
- b. g. Blanco/europeo-americano
- c. h. Latino/Hispano
- d. i. Nativo-Americano
- e. j. Asiático/Islas de Pacifico
- f. k. Otro (por favor, especifica)

6.— ~~Menciona 3 habilidades o cosas que has aprendido durante el programa de Community School (Community School Programming) en este año escolar que ayudará en la escuela o fuera de la escuela:~~

- a.—
- b.—
- c.—

7.— ~~¿Qué te ha ayudado aprender estas cosas?~~

- a.—

8.5. Por favor, responde a las siguientes preguntas:

a. ~~Me gusta participar en el programa. Los adultos con los que trabajo me responden con respeto y amabilidad.~~

- i. ~~Totalmente de acuerdo 😊~~
- ii. ~~De acuerdo 😊~~
- iii. ~~En desacuerdo 😞~~
- iv. ~~Totalmente en desacuerdo 😞~~

- i.— ~~No en absoluto~~
- ii.— ~~Sólo un poco~~
- iii.— ~~Más o menos~~
- iv.— ~~Mucho~~

b. ~~Asistir a los programas me ayuda a mejorar en la escuela. Mis pensamientos e ideas con respetados por los maestros/adultos en el programa.~~

- v. ~~Totalmente de acuerdo 😊~~
- vi. ~~De acuerdo 😊~~
- vii. ~~En desacuerdo 😞~~
- viii. ~~Totalmente en desacuerdo 😞~~

- i.— ~~No en absoluto~~
- ii.— ~~Sólo un poco~~
- iii.— ~~Más o menos~~
- iv.— ~~Mucho~~

c. ~~Asistir a los programas me ayuda a hacer nuevas amistades. Hice amigos en este programa~~

- ix. ~~Totalmente de acuerdo 😊~~
- x. ~~De acuerdo 😊~~
- xi. ~~En desacuerdo 😞~~
- xii. ~~Totalmente en desacuerdo 😞~~

- i.— ~~No en absoluto~~
- ii.— ~~Sólo un poco~~
- iii.— ~~Más o menos~~
- iv.— ~~Mucho~~

d. ~~Asistir a los programas me ayuda a compartir y a llevarme mejor con los estudiantes. En este programa, aprendo habilidades importantes que pueden ayudarme en la escuela.~~



xiii. Totalmente de acuerdo 😊

xiv. De acuerdo 😊

xv. En desacuerdo 😞

xvi. Totalmente en desacuerdo 😞

i.—No en absoluto

ii.—Sólo un poco

iii.—Más o menos

iv.—Mucho

- e. Aprendí formas de resolver los problemas por mi mismo. Los maestros/adultos me conocen por mi nombre.

xvii. Totalmente de acuerdo 😊

xviii. De acuerdo 😊

xix. En desacuerdo 😞

xx. Totalmente en desacuerdo 😞

i.—No en absoluto

ii.—Sólo un poco

iii.—Más o menos

iv.—Mucho

- f. Pude usar materiales del programa para resolver problemas con otros estudiantes. Me divierto cuando estoy en este programa.

i. Todo el tiempo 😊

ii. La mayoría de las veces 😊

iii. Rara vez 😞

iv. Nunca 😞

i.—No en absoluto

ii.—Sólo un poco

iii.—Más o menos

iv.—Mucho

- g. Al venir a este programa aprendí formas de cuidar a mi mismo cuando estoy molesto/a. Me siento cómodo con los otros estudiantes en este programa.

v. Todo el tiempo 😊

vi. La mayoría de las veces 😊

vii. Rara vez 😞

viii. Nunca 😞

i.—No en absoluto

ii.—Sólo un poco

iii.—Más o menos

iv.—Mucho

- h. Fui capaz de trabajar en un equipo con otros estudiantes en este programa. Los estudiantes en este programa se tratan unos a otros con respeto.

ix. Todo el tiempo 😊

x. La mayoría de las veces 😊

xi. Rara vez 😞

xii. Nunca 😞

i. No en absoluto

ii. Sólo un poco

iii. Más o menos

iv. Mucho

- i. Hay por lo menos un miembro del personal del programa con quien puedo hablar sobre las cosas que están sucediendo en mi vida. Me siento bienvenido en este program.

xiii. Todo el tiempo 😊

xiv. La mayoría de las veces 😊

xv. Rara vez 😞

xvi. Nunca 😞

i. No en absoluto

ii. Sólo un poco

iii. Más o menos

- j. Mucho Corro peligro en este programa.

xvii. Todo el tiempo 😊

xviii. La mayoría de las veces 😊

xix. Rara vez 😞

iv. Nunca 😞

9.6. ¿Qué es lo que más te gusta del programa? Estoy satisfecho con los servicios que he recibido.

xx. Todo el tiempo 😊

xxi. La mayoría de las veces 😊

xxii. Rara vez 😞

a. Nunca 😞

10.7. ¿Qué es lo que menos te gusta del programa? ¿Hay algo más que quisiera contarnos sobre su experiencia con los servicios en los últimos 3 meses?

a. Si

b. No

a-c. Si marcaste si, por favor comente:

8. Si tú pudieras cambiar el programa de alguna manera, ¿qué es lo que cambiarías? ¿Es la primera vez que toma esta encuesta?

a. Si

b. No

e. No estoy seguro

11.9. Fecha de hoy (MM/DD/AAAA)



42 W. Madison | 2<sup>nd</sup> Floor | Chicago, IL 60602  
Telephone: (773) 553-4444  
Fax: (773) 553-2421

09/30/2024

Isabella DiFiglio  
101 N Wacker Drive  
Floor 17  
Chicago, IL 60606

Dear Ms. DiFiglio,

Thank you for your interest in conducting research in The Chicago Public Schools. The Research Review Board has reviewed your Continuing Review proposal 09/23/2024 for research, titled: Developing Performance Benchmarks for Community School Programs.

The Research Review Board has completed the review of your Continuing Review proposal and has approved your request to conduct this research. Although your study is approved, school principals have final authority over activities that are allowed to take place in the school. If data collection continues beyond a year from this approval, please complete the Modification & Continuing Review Process Form through IRBManager.

Please note the following--

Background Check Level Required: Level I

Other Notes: Interactions with staff

Upon completion of the research study, a copy of the final report or summary of the results must be provided to the Research Review Board. The Board reserves the right to use the information in the research report or summary for planning, solicitation or grants, and staff development.

Please note that your study has been assigned Project ID #2021-387. If you have any questions, please contact our office by email at [research@cps.edu](mailto:research@cps.edu).

Sincerely,

A handwritten signature in black ink, appearing to read "Sarah Dickson".

Sarah Dickson  
Co-Chair, Research Review Board