Evaluation Consent Form

BUSINESS ADMINISTRATION SCALE FOR FAMILY CHILD CARE

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

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

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

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

Robyn Kelton, Research and Evaluation Manager
Robyn.kelton@nl.edu | (847) 947-5689

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

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

_____
Program Name

_____   _____
Street Address   City   State   Zip

_____   _____
Participant Name (Please Print)   Participant Signature   Date