Data Collection Return Form

PLEASE COMPLETE AND RETURN WITH BOX OF MATERIALS

Date____________________ Site Name:_________________________________________________

Data Collector Names: (please check the box if interested in collecting data in the future)

Lead Data Collector ____________________________________________________

Additional Data Collectors __________________________________________________

Actual start time___:___ Actual end time___:___ Number of children who participated: ______

Location (# of rooms and type of room e.g., library, classroom, etc.):

___________________________________________________________________________________

1. Rate the day of data collection: 1 2 3 4 5 (1 is unorganized/chaotic – 5 is perfect/no trouble)

2. Rate the level of staff cooperation you experienced at the site: 1 2 3 4 5 (1 unhelpful - 5 helpful)

3. Please list any problems you encountered during data collection (i.e., with room, children, materials, etc):

4. Briefly summarize the data collection (i.e., give an overall profile of the site and information that would be important for future data collectors to know; feel free to write on the back of this form).

** When completed, please place in a box you will ship back to Tufts University. Thank you. **
Data Collector Confirmation of Participant Assent

I, ________________________________, affirm that all participants who took the (data collectors name – printed)

Tufts 4-H Study of Positive Youth Development questionnaire at

_________________________________ on

(name of site) (date of testing)

gave their assent to participate.

In addition, I certify that the following paragraph was read to the participants:

The purpose of the study is to discover what makes young people grow into happy and healthy adults. Everyone participating in the study has permission from their parent or guardian to take the study. Even if your parent or guardian signed the consent form, you do not have to take this survey if you do not want to. In addition, you may stop the survey at any time.

______________________________________________                   _____________
Signature of Data Collector       Date

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Children’s Questions

Below, please list the page numbers, question numbers, and the questions children have in regards to the student questionnaire, as well as any general confusions they may express.

For example:
Pg. 7 Question # 20: Student was unclear about the format of the question.

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