



AFTER SCHOOL AND SUMMER  
LEARNING PROGRAM

Set your students up for academic success,  
**KEEP THE LEARNING GOING ALL SUMMER**

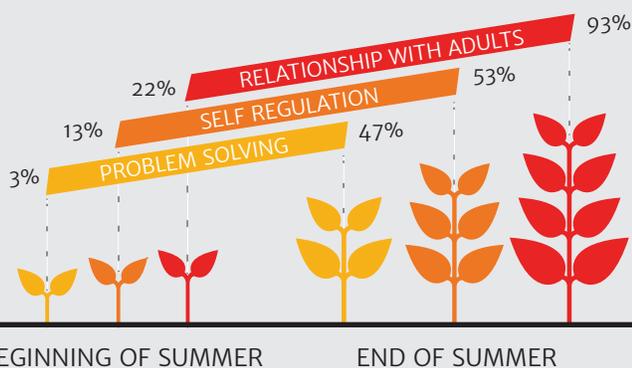


**IBA's Summer Learning Project** is a summer enrichment program for rising 2<sup>nd</sup> and 3<sup>rd</sup> grade English Learners. Specifically targeting English language development, reading fluency, reading comprehension, and math, this program supports the maintenance of academic skills. Hands-on learning, arts-integrated instruction, and frequent field trips allow students to develop critical thinking and important socio-emotional skills in a supportive and fun environment.

Centered around the essential question, What is Community? the program asks students to become researchers and explorers as they go on educational field trips and publish a book about their findings.

**➤ Deadline to apply: May 15**

### OUR STUDENTS ACHIEVE MEANINGFUL GROWTH



### ABOUT THE PROGRAM

- ▶ Dates: **July 9 - August 10, 2018**
- ▶ Location: **Blackstone Innovation School, 380 Shawmut Ave. Boston, MA 02118**
- ▶ Hours: Mon-Fri. 8:30am-2:45pm
- ▶ 150 hours of instruction from an ESL certified teacher
- ▶ Breakfast and lunch included

### IDEAL CANDIDATES

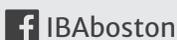
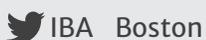
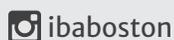
- ▶ Students must be English Learners (ELs) enrolled in Boston Public Schools and must be entering the 2<sup>nd</sup> or 3<sup>rd</sup> grade in Fall 2018.
- ▶ Children that enjoy community explorations and are able to participate in field trips.
- ▶ Eager learners who are able to work well with peers and adults in a variety of settings.

**This program is free of charge. Only completed applications will be considered.  
Please note: Transportation is NOT provided.**

Applications will be available mid-March 2018 on IBA's website:

<http://www.ibaboston.org/afterschool-summer-learning/>

For questions, please email or call Shannon Hayes, Program Coordinator: [shayes@ibaboston.org](mailto:shayes@ibaboston.org) or (617) 535-1731



**iba** boston.org



Tel: 617-927-1707  
Fax: 617-536-5816  
405 Shawmut Ave  
Boston, MA 02118  
[ibaboston.org](http://ibaboston.org)



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## **IBA'S SUMMER LEARNING PROJECT 2018**

### **PROGRAM INFORMATION**

#### **What is this program?**

IBA's Summer Learning Project is a **5-week summer academic enrichment program** for **English Learner (EL)** students entering 2<sup>nd</sup> and 3<sup>rd</sup> grade in fall 2018. It is a project-based program with frequent community field trips that aims to develop language and literacy, while reversing summer learning loss in both ELA and Mathematics with **150 hours of extra instruction** from an ESL-Certified Teacher.

#### **When and where is the program?**

The program is **July 9–August 10, 2018**, Monday through Friday, from **8:30am–2:45pm**. There is no childcare before or after the program time. **Students will not be allowed inside the building without staff supervision.** The program location is: The Blackstone Innovation School, 380 Shawmut Ave, Boston, MA 02118 (South End).

#### **How much does the program cost?**

The program is **FREE!**

#### **Do you provide transportation?**

No. We are unable to provide students with transportation to and from the Blackstone at this time.

#### **Do you provide meals?**

Yes. Students will receive **free breakfast and lunch** through BPS. Breakfast starts at 8:30am closes at 9am. Students arriving late will miss their free meal. Students will not be allowed inside the building without staff supervision before 8:30AM.

#### **If I complete an application, does that mean my child is accepted into the program?**

No. Completing the application is the first step in our registration process. Completed applications should be returned to your child's school ASAP. The school will then add your child's application to the program and let IBA know that you have applied. Once we receive your application, we will review your information. IBA's Summer Learning Project is funded by Boston Public Schools Office of English Learners and can only accept students who are coded as **English Learners**. Our program is designed to help students to develop English language and literacy skills through our arts-integrated and project-based programming. **Once applications are received, IBA staff will enroll eligible students on a first come first served basis.** You will receive a call from staff in May or June confirming your child's enrollment or waitlist status.

#### **What if my child misses days during the program or we plan to go on vacation?**

In order to offer this program free of charge, we partner with Boston After School & Beyond and Boston Public Schools. Their support is given to us based on student attendance. This means that **students cannot miss more than 3 days of the program.** If you know ahead of time days that your student will not be able to attend, please let us know as soon as possible. If your child's attendance is a consistent issue, s/he will be asked to withdraw from the program so a student on the waitlist can attend in their place.

#### **Who can I call if I have questions?**

For any questions, please feel free to call Shannon at 617-535-1731.

**To Apply: Complete ALL attached forms and return to your child's school before May 15, 2018**  
**PLEASE KEEP THIS PAGE FOR REFERENCE**

Dear Parent/Guardian,

Your child has the opportunity to register for a summer program that combines ELA, math and enrichment, preparing him or her for the next grade! Boston Public Schools (“BPS”) and Boston After School & Beyond, Inc. (“BASB”) manage the summer programming. The program will operate for at least four weeks this summer, 4-5 days per week for the full day. **Filling out and signing this form indicates you want to register your child for the program, but it does NOT guarantee your child will be able to participate in the program.**

Students who are picked for the summer program are expected to **attend every day** for all weeks the programming is offered. Please plan family vacations or other activities accordingly.

### City-wide Program Evaluation

This program is taking part in a city-wide program evaluation project (the “Measurement Project”) for all or part of the time period from May 2018-July 2019. This Measurement Project, managed by BASB, seeks to understand the quality of expanded learning time programming in Greater Boston and how programs support student skill development and learning. Several research organizations will help with the Measurement Project: National Institute on Out-of-School Time (“NIOST”), the PEAR Institute (“PEAR”), the RAND Corporation, and Expanded Schools (collectively, “Research Organizations”). **By completing, signing, and returning this Consent Form, you acknowledge and agree to the following:**

1. BASB, Research Organizations, and BPS will have access to the following demographic and academic information about your child (obtained from this Program and/or BPS): student program attendance, school attended, race, gender, grade, age/date of birth, English language learner (ELL) status, home zip code, school-year attendance (days present, days tardy, rate), discipline records (total suspension incidents, days suspended, expulsions), test scores, State Assigned Student Identifier (SASID) and Boston Public Schools ID. These data are confidential and will be used only for evaluation to improve expanded learning time programming.
2. Boston Public Schools may share information about each student’s academic record with community non-profit staff who help operate the summer programming site. This data will be used for program planning and will not be shared publicly in any way.
3. Students may complete diagnostic academic assessments during summer program to assess their skills and progress. Teachers may rate student academic growth and/or proficiency during summer program. This information may be shared with BASB, Research Organizations and Boston Public Schools academic year staff. Individual student data will not be shared publicly in any way.
4. Students in grades 4 - 12 will be asked to fill out a survey called *NIOST Survey on Academic and Youth Outcomes (“SAYO Y”)*. The SAYO Y is a brief survey taken at least once and as many as two times which asks students about their program experiences and future plans. Participation in the survey is voluntary and students may stop at any time without penalty. Individual responses will not be shared with the program. Should you have any questions about this survey, use of these data, or your child’s participation, contact Dr. Georgia Hall at (781) 283-2530 or ghall@wellesley.edu, or Nancy L. Marshall at nmarshall@wellesley.edu.
5. Students in grades 5 - 12 may be asked to fill out a survey called the Holistic Student Assessment (“HSA”) and/or the Common Instrument survey (“CI”), developed by PEAR. The HSA is a tool that can deepen understanding of students’ social and emotional strengths and needs. Students complete a brief survey about themselves, at least once and as many as two times. The program will use the HSA results to cultivate the strengths, abilities, and academic success of each student. The CI is a brief survey completed once which assesses student interest in science, technology, engineering, and math. CI results will be used to improve program content and delivery. Participation in the survey(s) is voluntary and students may stop at any time without penalty. BASB, BPS, and Research Organizations will have access to HSA and CI data and results. PEAR reserves the right to use all HSA and CI data for both research and educational purposes. Should you have any questions regarding HSA or CI, contact Jane Aibel at 617-484-0466 extension 204 or jaibel@mclean.harvard.edu.

### Confidentiality of Data Collected

Your child’s participation in the Measurement Project helps us to better understand expanded learning time programming in Greater Boston. All data collected that may identify your child will be kept confidential. In public reporting of research findings, only group data and/or de-identified data will be reported. At no time will a public report identify an individual student in any way. The only exception to confidentiality will be in the case of any information disclosed that indicates a child is in any danger.

**SIGNATURE REQUIRED ON FOLLOWING PAGE → → →**

**Photography and Video Release**

BPS, BASB and/or their partners/agents may videotape or take photos of your child’s participation in the program using video and/or digital photography. These images may be taken before, during, or after programming. These images may be used for the purpose of sharing your child’s participation and associated perspectives to a public audience. Images may be published, posted, or played through a variety of communication channels, including but not limited to print, television, and/or online.

**Please complete, sign and return.**

**By signing this form below**, I give permission for my child to participate in the Summer Program and the Measurement Project, and I acknowledge that I have read, understand, and agree to all aspects of the Summer Program and Measurement Project as described in this 2-page form.

Program in which your child is registering: _____	
Child’s Full Name (First, Middle, Last): _____	
Child’s Date of Birth: _____	Child’s BPS ID (if known): _____
Child’s Gender: _____	Child’s Grade (School year 2018-2019): _____
Child’s School: _____	
Parent/Guardian Name: _____	Relationship to Child: _____
<b>**PARENT/GUARDIAN SIGNATURE**</b> : _____	<b>Date</b> : _____

<b>Parent/Guardian Information</b>		
Cell: _____	Home: _____	Work: _____
Email: _____		
<b>Emergency Contact 1</b>		
Name: _____	Phone: _____	
Relationship to Child: _____		
<b>Emergency Contact 2</b>		
Name: _____	Phone: _____	
Relationship to Child: _____		

**FOR PROGRAM STAFF ONLY – UPON SUBMISSION TO BPS FOR PROCESSING**

Name of site representative returning this form: \_\_\_\_\_

Email of site representative returning this form: \_\_\_\_\_

Name of summer site: \_\_\_\_\_



Tel: 617-927-1707  
 Fax: 617-536-5816  
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 Boston, MA 02118  
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## IBA Summer Learning Project 2018 Application

Collaboration between IBA, Blackstone Elementary School, and Boston Public Schools

**PLEASE COMPLETE, SIGN, AND RETURN to your child's school by May 15, 2018**

School Administrators: **After adding student to IBA's Summer Learning Project on ASPEN**, you can return applications to IBA via Mail: 405 Shawmut Ave, Boston, MA 02118; Fax: (617) 927-1713; Email: [shayes@ibaboston.org](mailto:shayes@ibaboston.org); or Call Shannon at (617) 535-1731 to arrange application pick-up.

### Student Personal Information (To be completed with information about your child)

**Child's Full Name (First, Middle, Last):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
STREET APT. # CITY STATE ZIP

**Gender:**  M  F  Other **Mailing Address same as Living Address?**  (Check if yes)

**Homeless or Temporary Shelter**  (Check if yes) **Villa Victoria Resident?**  (Check if yes)

**BHA or Housing Development?**  (Check if yes) \_\_\_\_\_  
BHA DEVELOPMENT

**Child's Date of Birth:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

**Citizenship:**  US Citizen  Resident Alien  Non Resident  Non Resident Alien (need I-20)  Undocumented  Unknown

**Race:**  American Indian / Alaskan Native  Black/African American  Hawaiian/Pacific Islander  
 Middle Eastern/North African  Latino/Hispanic  White/Caucasian  
 Asian  Other: please specify: \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_  
FOR EXAMPLE: PUERTO RICAN, DOMINICAN, CAPE VERDEAN, SOMALIAN

**Language(s) Spoken at Home:**  English  Spanish  Cantonese  Mandarin  Cape Verdean Creole

Other: please specify: \_\_\_\_\_

**Is the student an "English Learner (EL)"?**  Yes  No  Don't Know

**2017-2018 Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

### Parent/Guardian Information (Please print clearly)

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Native Language:**  English  Spanish  Cantonese  Mandarin  Cape Verdean Creole

Other: please specify: \_\_\_\_\_ **Are you comfortable speaking English?**  Yes  No

**Household Information** (Please provide your best estimate)

**Working Status:**  Full-Time  Part-Time  Temp Agency  Self-Employed  Retired  Disabled  In School  
 Caring for others at home  Working in family business without pay  Laid off  Quit job  Unemployed

**Household Size** (including you): \_\_\_\_\_ **Estimated Annual Income:** \_\_\_\_\_

**Source of Benefits and Income** (Check all that apply)  Alimony  Child Support  EAEDC

Paycheck/W-2  SSA  SSI  SSDI  Unemployment Ins.  TAFDC

Veteran (Pension)  Worker's Compensation  BPS Free Lunch Program  Refugee Assistance

WIC  SNAP (Food Stamp)  Mature Workers Program  Disability/Special Nds Guardian

MassHealth  Medicare  Section 8  Subsidized Housing  Subsidy for Childcare/Preschool

**Emergency Contact Information** Please provide **at least one** contact separate from Parent/Guardian**Emergency Contact 1**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Emergency Contact 2**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Medical Information** (This section **MUST** be completed)**Does your child have any of the following conditions?**

Diabetes  Asthma  Epilepsy  Fainting  Headaches  Convulsions

Diagnosed ADD/ADHD  Respiratory Disease  Other: \_\_\_\_\_

How do you treat his/her medical condition? \_\_\_\_\_

**Serious/Allergic Reaction to:**  Bee Stings  Penicillin  Latex Allergies  Serious poison ivy/oak/sumac reactions

Other drugs (list) \_\_\_\_\_

**Food Allergies** (list) \_\_\_\_\_

**Dietary restrictions: Please be specific** (vegetarian, no red meat, vegan, lactose intolerant, strong food dislikes, etc.)

**Will ANY medication need to be administered during the Program (8:30PM-2:30PM)?**  YES  NO

If yes, please explain (medication, condition, dosage, frequency, side effects): \_\_\_\_\_



**Insurance Information** Program member is responsible for his/her own medical expenses.

**Insurance Company:** \_\_\_\_\_ **Certificate/Policy/ID#:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_ **Group # (if applicable)** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Physician's Phone:** \_\_\_\_\_

**Physician's Office Location:** \_\_\_\_\_

**Releases: Signature Required** Please read the following releases carefully and **sign for each section below.**

**MEDIA RELEASE:**

**YES**  **NO** I give permission for photographs, videotapes, and interviews to be taken during the program and during other related activities by IBA's Summer Learning Project staff, collaborating agency staff or other designated volunteers. They may be used by the IBA Program in newsletters, video, web, and printed matter for educational or promotional purposes. The name and identity of my child may be revealed therein or by descriptive commentary.

**YES**  **NO** I give permission for these same photographs, videotapes, or interviews to be used on the IBA Program, or collaborating agency websites with no names or identify being used or revealed and agree that any uses described herein may be made without compensation or additional consideration of me or my child.

**YES**  **NO** I understand that any such photographs, videotapes, or interviews are the property of the IBA Program and the collaborating agency.

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

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

\_\_\_\_\_  
Date

**ACADEMIC DATA RELEASE:**

IBA's Summer Learning Project provides comprehensive and holistic instruction to increase language and literacy and stem summer learning loss in rising 2<sup>nd</sup> and 3<sup>rd</sup> grade students. Through partnerships with Boston Public Schools, Boston After School & Beyond, and a number of large foundations, we are pleased to be able to offer this program free of charge.

In order to plan the highest quality instruction, to evaluate our program goals, and to receive ongoing financial support that allows us to offer this program for free, we need your permission to work Boston Public Schools to access student data. **By signing below, you grant Inquilinos Boricuas en Acción access to the student's academic data,** including his/her test reports, English language learner (ELL) status, behavior plans, and/or accommodations/interventions that he/she requires. This information will be kept strictly confidential and will be used only for instructional planning and program evaluation.

\_\_\_\_\_  
Child's Name (PRINT)

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

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

\_\_\_\_\_  
Date



## PERMISSION TO PARTICIPATE

To allow your minor son/daughter to attend the program mentioned below, please read the following details. The following form **must be completed**:

I, \_\_\_\_\_, am the parent or guardian of a youth  
PRINT: PARENT/GUARDIAN FIRST NAME PARENT/GUARDIAN LAST NAME

\_\_\_\_\_, a young person under the age of 18  
CHILD FIRST NAME CHILD LAST NAME

years old who will be participating in the IBA Summer Learning Program, based at the Blackstone Innovation School, and including field trips on foot to local sites of interest.

This program is sponsored by **Inquilinos Boricuas en Accion (IBA)**. I am fully aware that my minor son's/daughter's participation in this program is totally voluntary.

In consideration of IBA's agreement to allow my son/daughter to participate in the aforementioned program, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

1. I, individually, and on behalf of my minor son/daughter and our respective heirs, successors, assignees and personal representatives, hereby release, acquit and forever discharge IBA and their employees, students, agents, affiliated staff, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever, for any and all damages, losses or injuries, including death, to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses and attorney's fees, which arise out of, during or in connection with my minor son's / daughter's participation in the aforementioned program. This includes but is not limited to any damages, losses, or injuries to persons or property or both, which may be sustained or suffered by my child or any person in connection with my son's/daughter's association with, or participation in activities at, sponsored by, or arising out of his/her participation in this program.
2. I, individually, and on behalf of my minor son/daughter and our respective heirs, successors, assignees and personal representatives, hereby agree to indemnify, defend and hold harmless IBA and their employees, students, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, judgments, costs or expenses, including attorney's fees, which result from, arise out of or relate to my son's/daughter's participation in the aforementioned program or arising out of his/her travel to or from the venue.
3. I agree that this Waiver, Release and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Massachusetts, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect.
4. I hereby acknowledge and accept that there are certain risks, including bodily injury that could result from my son's/daughter's participation in the aforementioned program. IBA and their employees, students, agents, affiliated staff, trustees and representatives (in their official and individual capacities) are not liable for any and all any damages, losses, or injuries to persons or property or both, which may be sustained or suffered by my child/children during travel. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of IBA's permission to allow my minor son's/daughter's to participate in the aforementioned program.
5. In signing this Waiver, Release and Indemnification Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provision, that I understand it affects my legal rights and those of my son's/daughter's, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

\_\_\_\_\_  
PRINT: PARENT OR GUARDIAN NAME

\_\_\_\_\_  
SIGNATURE: PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**Please complete the "Parent Input" section on the reverse & return completed application to your child's school before May 15, 2018.**

School Administrators: **After adding student to IBA's Summer Learning Project on ASPEN**, you can return applications to IBA via Mail: 405 Shawmut Ave, Boston, MA 02118; Fax: (617) 927-1713; Email: [shayes@ibaboston.org](mailto:shayes@ibaboston.org); or Call Shannon at (617) 535-1731 to arrange application pick-up.

**PARENT INPUT**

**Child's name:** \_\_\_\_\_

**Please describe your child's academic/social strengths:** \_\_\_\_\_

\_\_\_\_\_

**Please describe your child's academic/social challenges:** \_\_\_\_\_

\_\_\_\_\_

**What activities does your child particularly enjoy?** \_\_\_\_\_

\_\_\_\_\_

**Are there any activities your child particularly dislikes?** \_\_\_\_\_

\_\_\_\_\_

**Is there anything else you would like us to know?** \_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE, SIGN, AND RETURN to your child's school by May 15, 2018**

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