

**DEPARTMENT OF CHILDREN AND FAMILIES
DIVISION OF CHILD PROTECTION AND PERMANENCY
OFFICE OF TRAINING AND PROFESSIONAL DEVELOPMENT**

Masters Child Welfare Education Program

Evaluation Participation Agreement

I, _____, if accepted for admission to Masters Child Welfare Education Program agree to participate in evaluative activities related to the program, including activities during and after my enrollment/participation in the program. I understand that any information I provide during the course of evaluative activities is confidential and separate from any evaluation of my academic progress or work performance and may be used for research publications.

Signed

Date