

To access this form, go to: https://upenn.co1.qualtrics.com/jfe/form/SV_6PwuuNOc5X58vzM
This form sends your information to Central HR, so they can initiate your background check process.

*If you have not heard back within 1 week after submitting this form, reach out to Brandon Harris (brandoah@sas.upenn.edu) and cc the lab manager!

SAS Working with Minors Information Form

Under Pennsylvania law (Act 153 of 2014, as amended by Act 15 of 2015), colleges and universities are required to perform background checks on all employees and others (including students and trainees) who provide school-sponsored programs or activities and who have **“direct contact”** with minors. “Minors” are defined as individuals **under the age of 18 who are not matriculated students**. “Direct contact” for employees, students, and trainees is defined as **(1) the care, supervision, guidance or control of minors, or (2) having routine interaction with minors**.

Any University employees, students, post-docs, or trainees who will have “direct contact” with these minors will be required to undergo the 3-part background check process required by Pennsylvania law. This process includes a criminal check, a child abuse check, and an FBI fingerprint check.

Your Name: *

{Your Full Legal Name}

Name of Department/Lab/Program:*

Department of Linguistics/Child Language Lab

Please provide a brief description of what the minor will be doing at Penn and/or a description of the program: *

Participating in lab IRB-approved research studies

Supervisor or Head of Lab/Department:*

Kathryn Schuler/{Lab Manager's Name}

Name(s) and Number of Minors (if known):*

Unknown

Please list names and email addresses for everyone who will possibly have "care, supervision, guidance or control" of the minor(s) OR "routine interaction" with them:*

Lab Manager's Name: Lab Manager's Email
Your Name: Your Email

Option to attach a Word or Excel file with the name, job title, and email address of anyone who will have direct contact with minors:

Drop files or click here to upload

Who Will be the Primary Supervisor of the Minor(s)?:*

{Lab Manager's Name}

When Do You Expect the Minor on Campus?:*

	Month	Day	Year
Please Select:	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="2021 v"/>

{10 days from today}, this gives HR time to respond

Will the Minor be Paid? :*

Participants will be given an IRB-approved giftcard for participating in our research studies.

How Many Weeks Will the Minor(s) Work/Attend Program?:*

On-going throughout school year

How Many Hours Per Week Will the Minor(s) be at Penn?:*

Children will participate in 1 30-minute session, per experiment that they sign up for. Participation is optional.