

**5<sup>TH</sup> GRADE FOLLOW-UP OF THE EARLY HEAD START STUDY**

**PERMISSION TO CONTACT TEACHER CONSENT FORM**

My child and I have voluntarily agreed to be in a research study that wants to learn how parents and children who participated in the Early Head Start Study are doing now that the children are in fifth grade or in their sixth year of their formal education. The study also wants to learn from the child's teacher how the child is doing in school.

The study is conducted by a research team from <LOCAL RESEARCH INSTITUTION> and Mathematica Policy Research, Inc. in Princeton NJ for the U.S. Department of Health and Human Services. About 2,700 children and their parents all over the country have been asked to participate in the study.

I have agreed for the study team to collect information on how my child is doing in school. Therefore, I give the research team permission to contact my child's teacher to answer questions about how my child is doing in school, including questions about attendance and test scores.

I understand that the information my child's teacher will give to the research team will be kept strictly confidential and will not be shared with me, my child or anybody else.

I also give permission for my child's teacher to call <LOCAL RESEARCH INSTITUTION> at xxxxx or Mathematica Policy Research at xxxxx if my child's teacher has any questions about the study or my being in the study.

**Please sign this form if you agree to allow the research team to contact the child's teacher.**

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person Administering this Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Administering this Form

\_\_\_\_\_  
Date