

## APPENDIX O

### THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO Parental Permission Form

#### **Project Title: *The Effectiveness of a Program to Accelerate Vocabulary Development in Kindergarten***

Dear Parent:

(insert name of school) is participating in a study funded by the U.S. Department of Education through the Regional Education Laboratory-Southeast at the SERVE Center at the University of North Carolina at Greensboro. Schools in the study are using different ways of teaching vocabulary to children. This study will help us learn more about what ways work best and what young children need to become good readers. Your child was selected as a possible participant in the study. We are asking for your permission for him or her to be included. We will be working with each student in the study to assess his or her vocabulary and language skills. We will do so up to three times over the next two years -- at the beginning and end of kindergarten, and once at the end of first grade. We will ask your child to create a story using a wordless picture book, to identify and name objects in pictures, and in first grade, to answer questions about text they are given to read. We will audio record when your child creates the story but not during the other activities. These activities have been used in other studies and are interesting and enjoyable for the children.

Your child will work with a trained researcher in a session that will last about 45 minutes. The teacher will pick a time for the session when your child will lose as little teaching time as possible. We will work to reduce any stress that your child may feel about the activities and not knowing the researcher. Your child's teacher will introduce your child to the researcher and find a comfortable and familiar place for the session. Your child will be praised for his or her performance. If your child gets tired during the session, the researcher will bring her or him back to the classroom and finish the session the next day.

The only people who will see the results of your child's performance are the researchers - with one exception. As part of this process, your child's speech and language skills will be assessed. If these assessments indicate that further evaluation would be beneficial to your child, the results will be provided to you and your child's teacher.

In addition, we will get information from your child's school files about special education, school lunch status, and other demographic information. This is only to be sure that all kinds of children can benefit from the instruction.

All information from this study will be kept confidential. Code numbers will be used to identify children and information will be summarized in a manner that no particular information can be attributed to an individual child or school. Study data will be stored separately from school records in a secure location and will be destroyed after four years. Written records will be shredded and electronic files purged.

Participation in the study is voluntary. If you choose not to participate in the study, it will not affect your relationship with your child's school or teacher. Also, if you decide to allow your child to be included in the study, you are free to withdraw your child at any time

without affecting your relationship with your child's school, teacher, or the persons conducting this research.

The goal of this project is to better understand how we can help kindergarten children in Mississippi to develop the vocabulary skills they need to become successful readers. It is an important study, and we appreciate your help.

IF YOU AGREE IT IS OK FOR YOUR CHILD TO BE INCLUDED, YOU ONLY NEED TO SIGN THE BOTTOM OF THIS SHEET AND RETURN IT TO YOUR CHILD'S TEACHER.  
Please keep the yellow copy for your records.

The researcher conducting this study is Dr. Joan McLaughlin. If you have any questions regarding this study, please feel free to contact her at 800-xxx-xxxx. If you have questions regarding your rights as a participant in this project, please contact Eric Allen at the University of North Carolina at Greensboro, Office of Research Compliance, 336-256-1482 or eric\_allen@uncg.edu.

**Thanks for your help!**

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My child may be included in this study.

Name of Child: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Please return one copy of this form to your child's teacher and keep the yellow copy for your records.