

**OMB APPENDIX E.
CONSENT FORMS FOR DISTRICTS REQUIRING ACTIVE CONSENT OF PARENTS**

Parent or Guardian's Written Consent to Participate in NLTS 2012

Draft Dated 10.11.11



Dear Parent / Guardian:

Your school district has been scientifically chosen to represent others across the country in a study for the U.S. Department of Education. This form describes the study and what it means to take part. Please review it and check the box at the end to show whether you agree to take part or not. Then sign the form and return it to xxxx by __, 2011.



This is a research study. Its full name is the National Longitudinal Study of Transition. The U.S. Department of Education is paying for this study. Mathematica Policy Research, Inc. is carrying out the study. The purpose is to see what helps students move from school to adulthood. People who run schools hope that all students will leave school prepared for the future. Data from this study will be used to improve the ways schools help students become productive adults. My child is one of 15,000 middle and high school students across the United States being invited to take part in the study. Being in the study means:

- An interviewer will talk to me for about 40 minutes over the telephone. The questions are about our family, experiences, and the support my child gets from school and other places. I will be interviewed again in 2014. I will be paid \$20 for each **interview** I do.
- An interviewer will also ask my child questions on the telephone for about 30 minutes. They will talk about my child, school, and my child's plans for the future. An interviewer will talk to my child again in 2014. My child will get a \$10 gift card each time he or she does an **interview**. I can help my child answer questions or answer for him or her.
- When my child is about 16 to 18 years old, I agree that he or she may take a special test called an **academic assessment**. This test is for the study and will not count towards any classes in school. If he or she is in school, the test will take place during school. If not, the researchers will make an appointment for my child to take the test outside of school. The test will take between 15-45 minutes.
- The researchers will learn more about my child's school by asking the **principal** to do a web survey. If I agree, the researchers will also ask my child's **mathematics or language arts teacher** to do a web survey to learn more about my child's classes. If my child has an IEP and I agree, the researchers will ask the school staff member who knows the most about it to do two web surveys to learn about his or her IEP. One survey will take place now and another will be in 2014.
- The researchers will want to see how my child is doing in the future. In 2014, the researchers will look at my child's **school transcripts** to see what courses he or she has taken.
- They will want to see how my child is doing in the future. They may want to combine data from the survey with other information such as data on college enrollment, financial aid for college, or the Social Security Administration's records about jobs or benefits. If they need my child's social security number, they will ask for it during the second interview in 2014. I can decide to give them then, or not.

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- Per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183, responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law. Any willful disclosure of such information for non-statistical purposes, without the informed consent of the respondent, is a class E felony.
- There are no special risks to my child if he or she takes part in this study. There is nothing experimental about this study. If my child or I feel uncomfortable answering any of the interview questions we can stop without penalty. Even if I consent for my child to participate in this study, my child must agree also. When my child turns 18 or no longer has a legal guardian, he or she must consent for himself or herself.
- If I have any questions about my rights as a research volunteer, I can call Melissia Billarrial at Public/Private Ventures. Her number is 1-800-775-4778, Extension 4778. This is the Institutional Review Board. They looked at this study to make sure my child's rights as a person in this study are protected.
- My child can ask questions or drop out of the study at any time by calling Holly Matulewicz at Mathematica. Her number is 1-866-964-7962. There is no charge for this call. If my child or I change our minds about participating, there will be no penalties for us.
- There may be another phase of this study in the future and my child may be asked to participate again after 2014. We can decide to participate again or not at that time.

Please check one box below to tell the district your decision about this study:

-  I have reviewed this form and **I agree** that my child may participate in NLTS 2012.
-  I **do not agree** to take part in NLTS 2012. My child and I will not participate in NLTS 2012.

Please print and sign your name below. Please add the date you signed this form.

Parent / Guardian Name (Print): _____

Student Name (Please Print): _____

Parent / Guardian Signature: _____ Date: ___/___/2011

A copy of this form is included for your records. Please return a signed copy of this form in the enclosed pre-paid envelope to:

ADDRESS SPECIFIED BY DISTRICT, ATTN: NLTS2012 STUDY MATERIALS

CITY, STATE, ZIP

Please return the form by __, 2012. Thank you for your consideration.

Student's Written Consent / Assent to Participate in the NLTS-2012

Draft Dated 10.10.11



National Longitudinal
Transition Study

Dear Student:

Your school district has been scientifically chosen to represent others across the country in a study for the U.S. Department of Education. This form describes the study and what it means to take part. Please review it and check the box at the end to show whether you agree to take part or not. Then sign the form and return it to xxxx by __, 2011.



This is a research study. Its full name is the National Longitudinal Study of Transition. The Department of Education is paying for this study. Mathematica Policy Research, Inc. is carrying out the study. The purpose is to see what helps students move from school to adulthood. People who run schools hope that all students will leave school prepared for the future. Data from this study will be used to improve the ways schools help students become productive adults. I am one of 15,000 middle and high school students across the United States being invited to take part in the study. Being in the study means:

- An interviewer will talk to my parent or guardian for about 40 minutes over the telephone. The questions are about our family, experiences, and the support I get from school and other places. My parent or guardian will be interviewed again in 2014. He / she will be paid \$20 for each **interview**.
- An interviewer will also ask me questions on the telephone for about 30 minutes. We will talk about my life in and out of school, as well as my plans for the future. An interviewer will talk to me again in 2014. I will get a \$10 gift card each time I do an **interview**. My parent or guardian can help me answer questions or answer for me.
- When I am between 16-18 years old, I may take a special test called an **academic assessment**. This test is for the study and will not count towards any classes in school. If I am in school, the test will take place during school. If not, the researchers will make an appointment for me to take the test outside of school. The test will take between 15-45 minutes.
- The researchers will learn more about my school by asking the **principal** to do a web survey. If I agree, the researchers will also ask my **mathematics or language arts teacher** to do a web survey to learn more about my classes. If I have a **special education teacher** and I agree, researchers will ask that teacher to do two web surveys to learn about my IEP. One survey will take place now and another in 2014.
- They will want to see how I am doing in the future. They may want to combine data from the survey with other information such as data on college enrollment, financial aid for college, or the Social Security Administration's records about jobs or benefits. If they need my social security number, they will ask for it during the second interview in 2014. I can decide to give them then, or not.

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- The information we collect is used **only for statistical purposes and may not be disclosed or used, in identifiable form for any other purpose except as required by law** (Public Law 107-279, Section 183).
- There are no special risks to me if I take part in this study. There is nothing experimental about this study. If I feel uncomfortable answering any of the interview questions, I can stop without penalty. When I turn 18 or no longer have a legal guardian, I must consent for myself.
- If I have any questions about my rights as a research volunteer, I can call Melissia Billarrial at Public/Private Ventures. Her number is 1-800-775-4778, Extension 4778. This is the Institutional Review Board. They looked at this study to make sure my rights as a person in this study are protected.
- I can ask questions or drop out of the study at any time by calling Holly Matulewicz at Mathematica. Her number is 1-866-964-7962. There is no charge for this call. If I change my mind about participating, there will be no penalties for me.
- There may be another phase of this study in the future and I may be asked to participate again after 2014. I can decide to participate again or not at that time.

Please check one box below to tell the district your decision about this study:

-  I have reviewed this form and **I agree** that I will participate in NLTS-2012.
-  I **do not agree** to take part in NLTS-2012. I will not participate in NLTS-2012.

Please print and sign your name below. Please add the date you signed this form.

Student Name (Please Print): _____

Student Signature: _____ Date: ___ / ___ /2011

A copy of this form is included for your records. Please return a signed copy of this form in the enclosed pre-paid envelope to:

ADDRESS SPECIFIED BY DISTRICT
 ATTN: NLTS2012 STUDY MATERIALS
 CITY, STATE, ZIP

Please return the form by __, 2012. Thank you for your consideration.