

APPENDIX 25

RECRUITMENT LETTER FROM STUDY TEAM FOR PARENTS



OMB #0970- XXXX
Expiration Date XX/XX/XXXX

DATE

Dear **[PARENT NAME]**:

We are excited to invite you and your child to take part in the Migrant and Seasonal Head Start (MSHS) Study! We are inviting you because your child attends a MSHS center that is taking part in this study. The goal of the study is to learn about the children and families in MSHS, as well as MSHS programs and services. Your participation is important! Your participation will help MSHS to better serve the needs of children and families in the future.

The study is funded by the Administration for Children and Families, the government agency that oversees MSHS. Abt Associates, The Catholic University of America and Westat, are conducting the study.

Your participation is important! MSHS Study staff will visit your MSHS center for 4-5 days between spring 2017 and spring 2018. If you agree to participate in the study, we will ask you some questions about your child, your family, and the MSHS program. This will take about one hour. As a thank you for your time, we will give you **\$30** cash. We will also ask your child's teachers some questions about the classroom and your infant, toddler, or preschool child. A study staff person will observe your child's classroom for about two hours. We will also meet with your child. If your child is a toddler or preschooler, staff will do some activities with your child to measure things like language and literacy skills. They will ask your child to look at pictures, copy drawings, write, listen to a story and answer a few questions – just like what your child does at the center. This should take about 30-40 minutes. As a thank you, we will give your child a small gift for his/her time.

[ONSITE COORDINATOR NAME] at your center will contact you about the study. [HE/SHE] will explain the study and invite you to participate in it. [ONSITE COORDINATOR NAME] will review a consent form with you and [ONSITE COORDINATOR NAME] answer your questions. If you agree to participate, [HE/SHE] will also set up a time for your interview with the MSHS Study team.

Taking part in this study is voluntary, and it is also very important. If you choose to take part in the study, but later, you want to leave the study at any time, it is okay. Whether you take part in the study or not will not affect the way you or your child is treated by MSHS or any of the services you or your child receive. All information that you give will be kept private to the extent permitted by law.

We have included a flyer that has more information about the MSHS Study. We have also included list of questions that parents often have, along with answers to these questions. [ONSITE COORDINATOR NAME] at your center or a study staff member will be happy to answer any other questions you have. You can also call us toll-free at XXX-XXX-XXXX or email us at XXX@westat.com.

We will be happy to have you be a part of this important study! Thank you very much!

Sincerely,

Linda Caswell, Ed.D.
MSHS Study Director, Abt Associates

Enclosures

Frequently Asked Questions (FAQs) for Parents
MSHS Study Flyer for Families and Centers

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0XXX and the expiration date is XX/XX/XXXX.