Attachment 3.a.1 – Invitation Letter Version 1 – GA SEED participants

Site Logo

Dear *<Name>,*

In *<year>* , you and your child, <*name>,* participated in the Study to Explore Early Development (SEED)*.* We appreciate your previous contributions to SEED and are excited about the things we are learning. We’ve enclosed a recent SEED newsletter that highlights some of our research findings so far.

We are also now beginning a new phase of SEED ***– the SEED Teen Follow-up Study (SEED Teen).*** We hope you will join us again. SEED Teen will help us understand the health and development of teenagers with and without ASD.

SEED Teen is funded by the national **Centers for Disease Control and Prevention (CDC**). SEED staff from the CDC and the University of North Carolina at Chapel Hill (UNC) are working together to conduct the study. We are contactingfamilies from four sites in Georgia, Maryland, North Carolina, and Pennsylvania.

If you agree to take part in SEED Teen, you will be asked to complete two questionnaires about your child’s health and development. We know your time is valuable. If you agree to take part in this study, you will receive a $30 cash card to thank you for your time.

Your participation in SEED Teen is completely voluntary. **Any information that you give us about you or your child will be kept private.**

We will contact you soon to discuss SEED Teen. If your contact information has changed since <YEAR>, please send us updated information using the enclosed card or call or email us. Please feel free to contact us if you have any questions about SEED Teen or to let us know if don’t want to participate. **See attached sheet for ways to contact us**.

The results of SEED Teen will help us learn more about teen development overall and could lead to better services for teens with ASD and other developmental disabilities. We hope you will help us with this important research.

<site project coordinator>

To learn more about the study, choose one of these:

![C:\Documents and Settings\cabradle\Local Settings\Temporary Internet Files\Content.IE5\54C0RTTW\MC900196390[1].wmf]() Call us, at 404-498-3852

 If we can’t get to the phone when you call, leave us a message with your name, your child’s name and the phone number to call you back.

![C:\Documents and Settings\cabradle\Local Settings\Temporary Internet Files\Content.IE5\628QK06J\MC900292376[1].wmf]() Email us at gaseed@cdc.gov

 In your email, let us know how to contact you – a phone number is best.

Put this SOURCE CODE in your message so we know where you are from:

Your SOURCE CODE/ID is:\_\_\_\_\_\_\_\_\_\_

 Source code/ID

 For more information regarding SEED Teen, please visit our website at [www.cdc.gov/autism](http://www.NCSEEDTeen.org)