

Informed Consent, Teacher Survey (EDI)

INFORMED CONSENT FORM FOR RESEARCH PARTICIPATION PROJECT LAUNCH TEACHER SURVEY (EDI)*

We are conducting a study to learn about the social and emotional development of children from birth to eight years of age. This study is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services (HHS). By collecting information from kindergarten teachers in selected schools, we seek to gain a better understanding of children's readiness to learn in five general domains: physical health and well-being; social competence; emotional maturity; language and cognitive development; and communication skills.

If you choose to participate, you will be asked to **fill out a survey for <u>each child</u> in your kindergarten class**. To complete the surveys for your entire class, we anticipate this will take approximately 10 hours to complete. As an incentive for your participation, we will provide you with \$50 for completing the survey.

There are no risks in participating in this research beyond those experienced in everyday life. However, some of the questions are personal and may make you uncomfortable. **Your participation in this study is voluntary**. You can stop at any time, and you do not have to answer any questions you do not want to answer. Refusal to take part in or withdrawing from this study will not involve any penalty or loss of benefits you would receive otherwise.

Your responses will be kept private to the extent permitted by law. All findings will be reported in aggregate. If there are any publications or presentations resulting from this research, no personally-identifiable information will be shared because your name will not be linked to your answers. If you choose to withdraw from the study, we will maintain and analyze the data collected up to the time of withdrawal. However, if you request that we destroy all of your data and exclude your responses from the study results, we will honor your request.

Please contact Shannon TenBroeck, a member of the evaluation team at NORC, at (415) 315-2006 with questions, complaints, or concerns about this research. If you have any questions about your rights as a research participant, please contact the NORC Institutional Review Board (IRB) Manager by toll-free phone number at (866) 309-0542.

You must be 18 years of age or older to take part in this research study. If you agree to take part in this research study,
please sign your name and indicate the date below. You will be given a copy of this consent form for your records.

Participant Signature	Date	

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. OMB number: 0970-0373; Expiration date: XX/XX/XXXX

^{*} The informed consent will be incorporated into the web-survey. In lieu of a signature, respondents will be asked to click an "I consent" button in the survey.

EARLY DEVELOPMENT INSTRUMENT A Population-Based Measure for Communities *&\$%*4!2015



Please fill in the circles like this or NOT	State ID District ID Teacher or Class ID EDI ID
1. Classroom length/time: O Half-day a.m. Half-day p.m. Full day Other (specify)	6. Child has an Individualized Education Program (IEP) or equivalent? O Yes O No O Don't know
2. Child's date of birth: mm / dd / yy / / / / / / / / / / / / / / / / /	7. Do you believe this child has a special need? Yes No
3. Sex: OF OM 4. Zip code:	8. Child has been referred for assessment(s) to determine if s/he qualifies for special education services:
5. Date of completion: mm / dd / yy	9. Child considered an English Language Learner (ELL)? Yes No

10. What is the o	child's first language?	\
(See Guide for c	odes)	
↑ 11. Does the chi adequately in ↑ Yes ↑ No	n his/her first language:	
12. Is this year a kindergarten	repeat of for this child?	
○ Yes ○ No		
13. Child's race/o		
14. Student Sta	tus: ○ in class more than 1 month	
	in class less than 1 month	
	moved out of class	
(Stop: End survey here)		
,	parents opted outother, please specify	
		,
		/

S	ection A - Physical Well-being				
1.	About how many regular days (see Guide) has this child been absent since the beginning of the school year?		Number of absent:	days	
2.	How many of these days can be attributed to being sick?		Number of sick:	days	
	ce the start of the school year, has this child netimes (more than once) arrived:		Yes	No	Don't Know
3.	over- or under-dressed for school-related activities		0	0	0
4.	too tired/sick to do school work		0	0	0
5.	late		0	0	0
6.	hungry		0	0	0
Wo	uld you say that this child:		Yes	No	Don't Know
7.	is independent in bathroom habits most of the time		0	0	0
8.	shows an established hand preference (right vs. left or vice ve	rsa)	0	0	0
9.	is well coordinated (i.e., moves without running into or tripping	over things)	0	0	0
are th	ometimes teachers may observe that their students e either underweight or overweight. Do you feel at this child:		Yes	No	Don't Know
10.	is underweight		0	O	0
11.	is overweight		0	0	0
Н	ow would you rate this child's:	Very Good/ Good	Average	Poor/ Very Poor	Don't Know
12.	proficiency at holding a pen, crayons, or a paintbrush	0	0	0	0
13.	ability to manipulate objects	0	0	0	0
14.	ability to climb stairs	0	0	0	0
15.	level of energy throughout the school day	0	0	0	0
16.	overall physical development	0	0	0	0



Section B - Language and Cognitive Skills

	Hov	v would you rate this child's:	Very Good/ Good	Average	Poor/ Very Poor	Don't Know
6	1.	ability to use language effectively	0	0	0	0
	2.	ability to listen	0	0	0	0
	3.	ability to tell a story	0	0	0	<u> </u>
	4.	ability to take part in imaginative play	0	0	0	0
6	5.	ability to communicate own needs in a way understandable to adults and peers	0	0	0	0
	6.	ability to understand on first try what is being said to him/her	0	0	0	0
6	7.	ability to articulate clearly, without sound substitutions	0	0	0	0
	Wo	uld you say that this child:		Yes	No	Don't Know
•	8.	knows how to handle a book (e.g., turn a page)		0	0	0
	9.	is generally interested in books (pictures and print)		0	0	0
	10.	is interested in reading (inquisitive/curious about the meaning of printed	d material)	0	0	0_
	11.	is able to identify at least 10 letters of the alphabet		0	0	0
6	12.	is able to attach sounds to letters		0	0	0
6	13.	is showing awareness of rhyming words		0	0	0
	14.	is able to participate in group reading activities		0	0	0
	15.	is able to read simple words		0	0	0
	16.	is able to read complex words		0	0	0
	17.	is able to read simple sentences		0	0	0
	18.	is experimenting with writing tools		0	0	0
	19.	is aware of writing directions (left to right, top to bottom)		0	0	0
	20.	is interested in writing voluntarily (and not only under the teacher's dire	ection)	0	0	0
	21.	is able to write his/her own name		0	0	0
	22.	is able to write simple words		0	0	0
					239	38

Section B - Language and Cognitive Skills

Wo	ould you say that this child:	Yes	No	Don't Know
23.	is able to write simple sentences	0	0	0
24.	is able to remember things easily	0	0	0
25.	is interested in mathematics	0	0	0
26.	is interested in games involving numbers	0	0	0
27.	is able to sort and classify objects by a common characteristic (e.g., shape, color, size)	0	0	0
28.	is able to use one-to-one correspondence	0	0	0
29.	is able to count to 20	0	0	0
<u>30.</u>	is able to recognize numbers 1 - 10	0	0	0
31.	is able to say which number is bigger of the two	0	0	0
32.	is able to recognize geometric shapes (e.g., triangle, circle, square)	0	0	0
33.	understands simple time concepts (e.g., today, summer, bedtime)	0	0	0
34.	demonstrates special numeracy skills or talents	0	0	0
35.	demonstrates special literacy skills or talents	0	0	0
36.	demonstrates special skills or talents in arts	0	0	0
37.	demonstrates special skills or talents in music	0	0	0
38.	demonstrates special skills or talents in athletics/dance	0	0	0
39.	demonstrates special skills or talents in problem solving in a creative way	0	0	0
40.	demonstrates special skills or talents in other areas	0	0	0
	(If yes, please specify:			
		┙		

Section C - Social and Emotional Development

How v	vould you rate this child's:	Very Good/ Good	Average	Poor/ Verv Poor	Don't Know
1.	overall social/emotional development	0	0	O	<u> </u>
2.	ability to get along with peers	0	0	0	0

Below is a list of statements that describe some of the feelings and behaviors of children. For each statement, please fill in the circle that best describes this child now or within the past six months.

Wo	uld you say that this child:	Often or Very True	Sometimes or Somewhat True	Never or Not True	Don't Know
3.	plays and works cooperatively with other children at the level appropriate for his/her age	0	0	0	0
4.	is able to play with various children	0	0	0	0
5.	follows rules and instructions	0	0	0	0
6.	respects the property of others	0	0	0	0
7.	demonstrates self-control	0	0	0	0
8.	shows self-confidence	0	0	0	0
9 .	demonstrates respect for adults	0	0	0	0
10.	demonstrates respect for other children	0	0	0	0
11.	accepts responsibility for actions	0	0	0	0
12.	listens attentively	0	0	0	0
13.	follows directions	0	0	0	0
14.	completes work on time	0	0	0	0
15.	works independently	0	0	0	0
16.	takes care of school materials	0	0	0	0
17.	works neatly and carefully	0	0	0	0
) 18.	is curious about the world	0	0	0	0
19.	is eager to play with a new toy	0	0	0	0
20.	is eager to play a new game	0	0	0	0
21.	is eager to play with/read a new book	0	0	0	0



Section C - Social and Emotional Development

/oul	d you say that this child:	Often or Very True	Sometimes or Somewhat True	Never or Not True	Don' Knov
	is able to solve day-to-day problems by him/herself	0	0	0	0
23.	is able to follow one-step instructions	0	0	0	0
24.	is able to follow class routines without reminders	0	0	0	0
25.	is able to adjust to changes in routines	0	0	0	0
26.	answers questions showing knowledge about the world (e.g., leaves fall in the autumn, apple is a fruit, dogs bark)	0	0	0	0
27.	shows tolerance to someone who made a mistake (e.g., when a child gives a wrong answer to a question posed by the teacher)	0	0	0	0
28.	will try to help someone who has been hurt	0	0	0	0
29.	volunteers to help clear up a mess someone else has made	0	0	0	
30.	if there is a quarrel or dispute will try to stop it	0	0	0	0
31.	offers to help other children who have difficulty with a task	0	0	0	0
32.	comforts a child who is crying or upset	0	0	0	0
33.	spontaneously helps to pick up objects which another child has dropped (e.g., pencils, books)	0	0	0	0
34.	will invite bystanders to join in a game	0	0	0	С
35.	helps other children who are feeling sick	0	0	0	0
36.	is upset when left by parent/guardian	0	0	0	С
37.	gets into physical fights	0	0	0	С
38.	bullies or is mean to others	0	0	0	C
39.	kicks, bites, hits other children or adults	0	0	0	С
40.	takes things that do not belong to him/her	0	0	0	С
41.	laughs at other children's discomfort	0	0	0	С
42.	can't sit still, is restless	0	0	0	С
43.	is distractible, has trouble sticking to any activity	0	0	0	С
44.	fidgets	0	0	0	C
45.	is disobedient	0	0	0	С
46.	has temper tantrums	0	0	0	С
47.	is impulsive, acts without thinking	0	0	0	C





Section C - Social and Emotional Development

Wo	uld you say that this child:	Often or Very True	Sometimes or Somewhat True	Never or Not True	Don't Know
48.	has difficulty awaiting turn in games or groups	0	0	0	0
49.	cannot settle to anything for more than a few moments	0	0	0	0
50.	is inattentive	0	0	0	0
51.	seems to be unhappy, sad, or depressed	0	0	0	0
52.	appears fearful or anxious	0	0	0	0
53.	appears worried	0	0	0	0
54.	cries a lot	0	0	0	0
55.	is nervous, high-strung, or tense	0	0	0	0
56.	is incapable of making decisions	0	0	0	0
57.	is shy	0	0	0	0
58.	sucks a thumb/finger or piece of clothing	0	0	0	0
56. 57.	is incapable of making decisions is shy	0		0	0

Section D - Special Concerns

1.	Does the student have a problem that influences his/her ability to do school work in a regular classroom
	(based on parent information, medical diagnosis, and/or teacher observation)?
	○ Yes

O No (Skip to Section E)

O Don't Know (Skip to Section E)

2. If YES above, please <u>mark all that apply</u>. Please base your answers on teacher observation and/or parent guardian informationand/or medical diagnosis.

	Yes, teacher observed	Yes, parent info/medical diagnosis		Yes, teacher observed	Yes, parent info/medical diagnosis
physical disability	0	0	home environment/problems at home		0
visual impairment	0	0	chronic medical/health problems	0	0
hearing impairment	0	0	unaddressed dental needs	0	0
speech impairment	0	0	homelessness	0	0
learning disability	0	0	other (if known, please print clearly)	0	0
emotional problem	0	0			
behavioral problem	0	0		239	138



	Section D - Special Concerns			
	3. If the child has received a diagnosis or identification by a doctor or psychological professional, please indicate. (See Guide for codes)	pplicable	O Don	't Know
	 Is the child receiving any school based support(s) (e.g., educational assistant, equipment)? 	Yes	No O	Don't Know
	5. a) Do you feel that this child needs further assessment?	0	0	0
	b) Is the child currently on a wait list to receive further assessment?	0	0	0
	ection E - Additional Questions the best of your knowledge, please mark all that apply to this child:			
1.	Has the child attended a special education preschool program or other early intervention program/services (e.g., speech therapy)? Specify type of program, if known:	Yes	No O	Don't Know
2. 2a	In the year prior to kindergarten entry, has the child been in non-parental child care on a regular basis? I) If yes, please specify type of child care arrangement (see Guide): Mark all that app	○ No ○ Don't K	(Skip (now (Skip	to question :
		<u>ly</u> .	. , ,	
	Center-based)
	O Center-based	/)
	○ Center-based ○ Child's home ○ Other (please specify)	Don't Know, s)
2	Center-based Child's home Other (please specify Don't Know (If No or	Don't Know, s	skip to Que) estion 3) Don't Know
3.	 ○ Center-based ○ Child's home ○ Other (please specify) ○ Don't Know (If No or Don't Know) ○ Don't Know (If No or N	Don't Know, s	skip to Que) pestion 3) Don't Know No
	 ○ Center-based ○ Child's home ○ Other (please specify) ○ Don't Know (If No or Don't Know (If No or No o	Don't Know, s	e Part-time Yes) pestion 3) Don't Know No



