

APPENDIX C

PARENT LETTER AND CONSENT FORM

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OMB #: 1850-0938
Approval Date:

CONSENT LETTER AND FORM

Evaluation of Preschool Special Education Practices Conducted on behalf of the United States Department of Education

We invite you and your child to take part in the Evaluation of Preschool Special Education Practices (EPSEP). Your child's school is participating in EPSEP during the 2019-2020 and 2020-2021 school years. The purpose of this study is to learn more about preschool instructional practices and their effects on children's social-emotional, behavioral, language, and early reading skills development. The study is sponsored by the U.S. Department of Education's Institute of Education Sciences and is being conducted by Mathematica Policy Research, an independent research company.

If you agree to participate...

- **We will ask your child's teacher some questions** so we can learn more about your child's social-emotional skills and behavior in the classroom. This activity will be conducted in the fall and in the spring during both school years.
- **We will observe your child's classroom** so we can learn more about children's social interactions and behavior, and about how teachers work with children to improve their social-emotional and behavioral skills. Your child's classroom will be observed twice in the fall and twice in the spring each school year.
- **We will do some brief activities with your child** to learn about your child's language and early reading skills. These activities take about 30 minutes and focus on asking your child to look at pictures and answer some questions about them. These activities will occur in the spring during both school years. We will give your child a book as a special thank-you.

This information will help us understand children's social-emotional and language development in classrooms that are using different instructional practices.

You can choose whether your child will be part of the study. Participation is completely voluntary and if you decide to leave the study at any point, that is okay. Your decision will not affect any services you or your child are receiving. There are no direct risks or benefits to participating. All of the study results will be reported for groups of children, and no results will be reported for individuals. Individual information will be kept private as required by The Education Sciences Reform Act of 2002, Title I, Part E, Section 183. There is one exception—if we learn that a child has been abused or is endangered, we are required by law to report this to the appropriate authorities, which could result in official action in accordance with state law.

EPSEP has been given Institutional Review Board approval by Health Media Lab Institutional Review Board. If you have any questions about this study or your rights as a research participant, please call us toll free at 833-741-0984 or by email at EPSEP@mathematica-mpr.com.

We hope you will help us with this important project by agreeing to participate. Please sign the consent form included and return it to your child's teacher right away. Thank you!

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0938. The time required to complete this information collection is estimated to average 10 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the content or the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202.

CONSENT FORM

I have read the Evaluation of Preschool Special Education Program (EPSEP) consent letter, understand what my child will be asked to do, and agree to have my child participate in the study. I further agree that my consent is given through either the end of the 2020-2021 school year or the date when my child enrolls in kindergarten, whichever comes first.

Parent/Guardian Signature _____ Date _____

Please provide this information below.

1. Parent/Guardian Name (Print) _____
2. Your Relationship to child: Mother Father Grandparent Other Guardian
3. Home Phone _____ Cell/Other Phone _____
4. Child's Name (Print) _____
5. Child's Gender Male Female
6. Child's Birthday _____
Month Day Year
7. Which of the following is the main reason your child is attending this elementary school?
(Select only one.)
 - It is the closest to home/the one assigned.
 - It is free/it costs the least.
 - The preschool hours/schedule meet my needs.
 - It has the special education and related services my child needs.
 - I heard good things about the preschool instruction program at this school.
 - Other _____