MTSS-R ACTIVE PARENT CONSENT FORM:

Multi-Tiered Systems of Support for Reading in Elementary Schools (MTSS-R Project) Parent/Legal Guardian Permission Form

Dear Parent or Guardian.

Your child's school is participating in a national study to understand how a program that supports students to learn how to read works. The program is called Multi-Tiered Systems of Support for Reading or MTSS-R. MTSS-R is a system that teachers can use to provide high-quality reading instruction for all students and to deliver additional support for students who have difficulties reading.

The study is being led by a non-profit research group called the American Institutes for Research (AIR). AIR studies programs that intend to improve the lives of children, families, and communities.

Schools in the study were chosen by lottery to receive training and support in MTSS-R or to continue with their existing programs. This form asks you to give permission for the study team to collect information on your child.

It is important for you to read the following information:

- Your child's participation in data collection for this project will help educators learn how to support teachers to improve their reading instruction and promote student achievement.
- Participation in data collection presents no foreseeable risks to your child. AIR's Institutional Review Board has approved the project. The board examines potential project-related risks for participants.
- Participation in data collection is voluntary. You or your child may opt out of the data collection process at any time. Doing so will not affect you or your child's rights in any way.
- All information collected for this project is fully protected by the confidentiality and data protection requirements of the U.S. Department of Education's Institute of Education Sciences, as required by the Education Sciences Reform Act of 2002 (Title I, Part E, Section 183). The data that researchers collect will be used only for project purposes. Personally identifiable information about individuals will not be reported. AIR uses strict data security practices to protect the privacy of all information we collect. We will remove your child's name and student identification number from the data we collect and will store all collected data in a separate, secure location. Access to this information will be restricted to members of the research team. We will not report any information that identifies your child.
- If your child participates in the data collections, the research team will ask your child to perform reading-related tasks as part of a reading test three times (fall 2021, spring 2022, and spring 2023). The tasks will take place during school with the cooperation of your child's teachers. Each set of tasks will take no longer than 60 minutes; your child will work one-on-one with a member of the research team under the supervision of school staff.
- The study team will store unidentifiable information collected as part of this study in a restricted use file (i.e.,
 a file that does not include names or identifiers of any study participant). This information may be used for
 studies in the future without additional informed consent from you or your child.

Please complete the form on the next page to provide consent or to opt your child out of data collection.



Multi-Tiered Systems of Support for Reading in Elementary Schools (MTSS-R Project) Parent/Legal Guardian Permission Form

Please let us know if you will or will not permit your child to participate in data collection activities for the MTSS-R Project by entering the information requested and returning this form to your child's school.

CHILD NAME:			
COLLOOL NAME.			
SCHOOL NAME:			
GRADE:			
Please SIGN ONE	: only:		
I GIVE PERMISSI data on my child:	ON for my child to perform the readi	ling tasks and for the study team to receive dis	strict
SIGNATURE:		Date:	
I DO NOT GIVE P district data on my		n the reading tasks or for the study team to rec	eive
SIGNATURE:		Date:	

THANK YOU!

If you have concerns or questions about this project, please contact the project's Director, Anja Kurki, at 202-406-5153. If you have concerns or questions about your child's rights as a participant, please contact the chairperson of AIR's Institutional Review Board at IRBChair@air.org; call 1-800-634-0797 (toll free); or write to AIR, 1000 Thomas Jefferson Street, NW, Washington, DC 20007.

MTSS-R PASSIVE PARENT CONSENT FORM:



Multi-Tiered Systems of Support for Reading in Elementary Schools (MTSS-R Project) Parent/Legal Guardian Permission Form

Dear Parent or Guardian,

Your child's school is participating in a national study to understand how a program that supports students to learn how to read works. The program is called Multi-Tiered Systems of Support for Reading or MTSS-R. MTSS-R is a system that teachers can use to provide high-quality reading instruction for all students and to deliver additional support for students who have difficulties reading.

The study is being led by a non-profit research group called the American Institutes for Research (AIR). AIR studies programs that intend to improve the lives of children, families, and communities.

Schools in the study were chosen by lottery to receive training and support in MTSS-R or to continue with their existing programs.

It is important for you to read the following information:

- Your child's participation in data collection for this project will help educators learn how to support teachers to improve their reading instruction and promote student achievement.
- Participation in data collection presents no foreseeable risks to your child. AIR's Institutional Review Board has approved the project. The board examines potential project-related risks for participants.
- Participation in data collection is voluntary. You or your child may opt out of the data collection process at any time. Doing so will not affect you or your child's rights in any way.
- All information collected for this project is fully protected by the confidentiality and data protection requirements of the U.S. Department of Education's Institute of Education Sciences, as required by the Education Sciences Reform Act of 2002 (Title I, Part E, Section 183). The data that researchers collect will be used only for project purposes. Personally identifiable information about individuals will not be reported. AIR uses strict data security practices to protect the privacy of all information we collect. We will remove your child's name and student identification number from the data we collect and will store all collected data in a separate, secure location. Access to this information will be restricted to members of the research team. We will not report any information that identifies your child.
- If your child participates in the data collections, the research team will ask your child to perform reading-related tasks as part of a reading test three times (fall 2021, spring 2022, and spring 2023). The tasks will take place during school with the cooperation of your child's teachers. Each set of tasks will take no longer than 60 minutes; your child will work one-on-one with a member of the research team, under the supervision of school staff.
- The study team will store unidentifiable information collected as part of this study in a restricted use file (i.e., a file that does not include names or identifiers of any study participant). This information may be used for studies in the future without additional informed consent from you or your child.

You do not need to do anything if you would like your child to participate in the data collections. If you do not wish to have your child participate in the data collections, the following page contains a form for you to complete.

Multi-Tiered Systems of Support for Reading in Elementary Schools (MTSS-R Project)

Parent/Legal Guardian Permission Form



If you decline participation in the MTSS-R data co requested information, and return this form to you	llection activities, please check the box below, enter the r child's school.
☐ I DO NOT want my child to participat	e in the MTSS-R data collection activities.
SIGNATURE OF PARENT OR GUARDIAN:	
DATE:	
YOUR FULL NAME (PLEASE PRINT):	
CHILD'S FULL NAME (PLEASE PRINT):	
CHILD'S GRADE:	
CHILD'S CLASSROOM TEACHER:	
CHILD'S SCHOOL:	

THANK YOU!

If you have concerns or questions about this project, please contact the project's Director, Anja Kurki, at 202-406-5153. If you have concerns or questions about your child's rights as a participant, please contact the chairperson of AIR's Institutional Review Board at IRBChair@air.org; call 1-800-634-0797 (toll free); or write to AIR, 1000 Thomas Jefferson Street, NW, Washington, DC 20007.