**MIHOPE-K Caregiver Website Specifications**

Overview

Parents of children who are eligible for the kindergarten follow-up will be sent a letter/email with login credentials for accessing the MIHOPE Parent Website that allows them to:

* Confirm whether the sample child is in kindergarten or first grade
* Verify/update their contact information
* Specify preferred days/times for completing the parent interview and in-home assessment visit
* Provide consent to contact the child’s teacher and provide his/her contact information

Website Flow

**Upon initial login to the website**: Parents will be asked to confirm whether the sample child will be in kindergarten or first grade for the upcoming school year unless this information has been confirmed through other means.

**If confirmed the sample child is not in kindergarten/first grade:** Parents will be notified that their child is not eligible to be part of this cohort, but they will be re-contacted next year. They will be asked to verify their contact information to facilitate this.

**After confirming the sample child is in kindergarten/first grade:** Parents will be asked to verify contact information so they can be called to complete the parent interview and schedule the in-home visit. They will also be able to specify which days/times are convenient to be reached.

**After verifying contact information**: Eligible parents will be asked to consent to have the study team contact their child’s teacher and invite them to complete a survey about the child. They will also be asked to provide contact information for the teacher and the child’s school.

Each page of the website has been mocked-up. This mock-up provides a general feel for how the web template will look, with a navigation bar at the top with links to move around the site and a banner/footer at the bottom that repeats on each page.

**Login**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** |  |  |  |  |
| **Welcome to the MIHOPE Website!**    Please enter the username and password that was sent to you from the MIHOPE Study Team.  If you need help logging in, please call us at **1-800-273-6813**, or email us at [**MIHOPE@mathematica-mpr.com**](mailto:MIHOPE@mathematica-mpr.com).  Username:  Password:  SUBMIT  MIHOPE Tree.jpg C:\Users\ebandel\Desktop\mdrc-logo.png  The described collection of information is voluntary and will be used to learn how home visiting programs benefit families. 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 control number for this collection is 0970-0402 and it expires on 11/30/2021.The time required to complete this information is estimated to average 10 minutes per response. Responses will be kept private to the extent permitted by law. | | | | | |

**Home**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| **Welcome to the MIHOPE Website!**  We want to learn more about how home visiting can help children and families. During this round of the MIHOPE study, we are collecting information from parents and teachers of kindergarten [and first grade] children. We will ask you to complete a telephone interview. We will also schedule a time to do some fun activities with you and [CHILD] [in your home/virtually]. With your permission, we will ask your child’s teacher to complete a short survey.  This website allows you to update your contact information, let us know the best times to reach you, and give permission for us to contact [CHILD]’s teacher.  [placeholder for text relevant to the COVID-19 pandemic]  (I1: To begin, we would like you to confirm some information about [CHILD]. / I2: We would like to confirm your contact information. / I3: We would like you to confirm information about [CHILD]’s teacher. / I4: You can review and update your contact information.) As you move throughout the site, please only use the navigation buttons or the links at the top of this page and not your browser’s back or forward buttons. Please click the ‘Next’ button to get started.  Next >>  Click here to learn what’s happening on the MIHOPE study.  *You can close your browser window to log out at any time.* | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at [MIHOPE@mathematica-mpr.com](mailto:MIHOPE@mathematica-mpr.com) * Visit <http://www.mdrc.org/mihope> | | | | | |

Notes:

* Introduction text depends on what information has been answered.
  + I1 if **KConfirm** is not answered.
  + I2 if contact information has never been confirmed/updated.
  + I3 if **TConsent** is not answered or **TContact** is not answered.
  + I4 if **TConsent** and **TContact** are both answered OR case is ineligible (child not in kindergarten/first grade)
* “here” hyperlink goes to **Info**
* Next goes to:
  + **KConfirm** if **KConfirm** not answered, else
  + **Contact1** if **Contact1** if not answered OR ineligible OR **TContact** is answered, else
  + **Teacher** if **TConsent** not answered, else
  + **TContact** if **TConsent** is answered and **TContact** is blank

**Kconfirm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| Thank you for visiting the MIHOPE Parent Website. Before we keep going, please (IF HAVECNAME=0: give us the name of your child who was born on or around [BDDATE]. Then let us know if this child [will be or] is in kindergarten [or first grade] for the [xxxx-xxxx] school year.)  (IF HAVECNAME=1: confirm that the spelling of [CHILD]’s name as shown is correct. If it is not correct, please enter it below or call us at 1-800-273-6813. Then let us know if this child [will be or] is in kindergarten [or first grade] for the [xxxx-xxxx] school year.)   * Name is correct   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child first name Child last name  Please choose one of the options below.   * [CHILD] [will be or] is in kindergarten for the [xxxx-xxxx] school year. * [CHILD] [will be or] is in first grade for the [xxxx-xxxx] school year. * [CHILD] [will not be or] [is not] in kindergarten or first grade for the [xxxx-xxxx] school year.   What school (will/does) [CHILD] attend?  School name [display info from Contact if available]  School address 1  School address 2  City, State, ZIP   * Not sure   Next >> | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at MIHOPE@mathematica-mpr.com * Visit <http://www.mdrc.org/mihope> | | | | | |

Notes:

* Next navigation:
  + Yes/kindergarten and No/in first grade options go to **Contact1**
  + No/in pre-K or transitional kindergarten go to **Inelig**

**Inelig**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| We are actually only doing interviews and visits when children are in kindergarten or first grade.  Next >>  In the meantime, please click the Next button to update your current contact information [so we can reach you in the future]. | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at MIHOPE@mathematica-mpr.com * Visit <http://www.mdrc.org/mihope> | | | | | |

**Contact1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| **Your Contact Information**  [IF CHILD IS IN K/GRADE 1 AND CONTACT HAS NOT BEEN ANSWERED BEFORE: As we mentioned in the letter we sent you, one part of this MIHOPE phase is a 60-minute telephone interview with you. We also want to do some fun activities with you and [CHILD] [in your home/virtually].    You will receive $25 for doing the interview and another $50 for doing the [home] activities [with your child]. For more information about these activities, click here.]  [ALL] Please (provide/verify) your current contact information (IF CHILD IS IN K/GRADE 1: so that we can contact you to do [the interview/these activities]). When you are finished, click SUBMIT at the bottom of the page.  Contact information   * The information below is correct   FName LName  Phone number  Secondary phone number (if applicable)  Email address  Home address 1  Home address 2  Next  City, State, ZIP | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at MIHOPE@mathematica-mpr.com * Visit <http://www.mdrc.org/mihope> | | | | | |

Notes:

* “here” hyperlink goes to Info

**Contact2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| **Scheduling Preferences**    If there are specific times that you prefer to complete the study activities, please indicate that below. We will do our best to contact you at these times.  *Select all that apply.*   * Weekdays (Monday through Friday) daytime [9am to 5pm] * Weekdays (Monday through Friday) evenings [5pm to 9pm] * Weekend (Saturday/Sunday) daytime [9am to 5pm] * Weekend (Saturday/Sunday) evenings [5pm to 9pm] * Other (specify)     Is there anything else you want to tell us about your schedule?    Submit  A MIHOPE staff member will be calling you from a 609 area code to do the interview [and to schedule the visit to your home/and to schedule a time for the home activities/and to schedule a time for the virtual visit]. | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at [MIHOPE@mathematica-mpr.com](mailto:MIHOPE@mathematica-mpr.com) * Visit <http://www.mdrc.org/mihope> | | | | | |

**PayConfirm**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| **Thank you for submitting your contact information!**  Click Next to return to the home page.  Next >> | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at MIHOPE@mathematica-mpr.com * Visit <http://www.mdrc.org/mihope> | | | | | |

Notes:

* Navigation:
  + If eligible and **TConsent** is not answered, go to **Teacher** else
  + If eligible and **TContact** is not answered, go to **TContact**
  + Otherwise, go to **Home**

**Teacher**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| **Contacting Your Child’s Teacher**  Now that [CHILD] is in [kindergarten/first grade], we would like to talk with (his/her/[CHILD]’s) teacher to learn more about [CHILD]’s school experiences. We would like to invite [CHILD]’s teacher to answer a few questions about your child.    Please click Next to provide permission for us to contact your child’s [kindergarten/first grade] teacher.  Please note that permission must be given by [CHILD]’S legal guardian.  (IF TConsent is answered & TContact is not answered: Please click Next to provide provide [CHILD]’s (school and) [kindergarten/first grade] teacher information.)  Or click here to learn more about why we want to talk to your child’s teacher.  Next >> | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at MIHOPE@mathematica-mpr.com * Visit <http://www.mdrc.org/mihope> | | | | | |

Notes:

* Next nav:
  + Go to **TConsent1** if **TConsent1** not answered else
  + Otherwise, go to **Home**
* “here” hyperlink goes to **TInfo**

**TInfo**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| **About the Teacher Survey**  **Why should I give you this information?**  The information we get from your child’s teacher could help improve services for parents just like you with young children. Your child’s teacher is one of over 4,000 teachers whose input is extremely valuable to this study. Their opinions and experiences are unique and cannot be replaced!  **Why do you want to contact my child’s teacher? What information are you collecting?**  We want to know if home visiting affects how children are doing now that they are in school. Asking your child’s teacher some questions is the best way for us to get this information. We will ask about your child’s behaviors in school, such as their social and learning behaviors. We will also ask about special education services, times when your child may have gotten in trouble, and absences. These questions will be short and will take no more than 15 minutes. The study team will follow strict rules to protect these answers and your privacy.  **What do you need from me?**  In order to contact your child’s teacher, we are collecting the name of your child’s teacher, the name of your child’s school, and the email address and phone number of the teacher. We will not provide this information to anyone outside the study team, unless it is required by law. We would also like your electronic permission to contact your child’s teacher.  **Do I have to give you information about my child’s teacher and school?**  Providing this information is completely your choice. There is no penalty if you decide not to provide it. Giving us permission to talk to your child’s teacher is also your choice. If you do not give us permission, we will not contact your child’s teacher.  **To give us permission to contact your child’s teacher, please click Next.**  Next >>    If you do not want to give permission, click here to return to the homepage. | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at MIHOPE@mathematica-mpr.com * Visit <http://www.mdrc.org/mihope> | | | | | |

Notes:

* Next goes to **TConsent1** if **TConsent1** not answered, otherwise goes to **Home**
* “here” hyperlink goes to **Home**

**TConsent1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| MIHOPE Tree.jpgAgreement to Contact your Child’s Teacher for the **Mother and Infant Home Visiting Program Evaluation**  Thank you for agreeing to take part in the Mother and Infant Home Visiting Program Evaluation (MIHOPE). As you were told, this is a research project about the effects of home visiting services. A nonprofit organization called MDRC is running the study. The study team also includes Mathematica Policy Research [and the University of Georgia]. Other researchers may be added in the future. This study is funded by the U.S. Department of Health and Human Services. The study aims to improve services for parents with young children.  We thank you for your time and help in MIHOPE. We would like you to help us in one more way. We would like to contact your child’s teacher so that they can answer a survey about your child. The survey will give us information on your child’s behavior and performance in school. We would like your permission to contact the teacher and have them answer questions about your child. What does it mean to collect teacher surveys? We will ask you to give us the name of the teacher, the name of your child’s school, and the email address and phone number of the teacher. Your child’s teacher will be asked to complete a short survey. We will ask about your child’s behaviors in school. We will also ask about special education services, times when your child may have gotten in trouble, and absences.  **What are the benefits and risks to me providing this consent?**  This information may help improve services for parents with young children. There is minimal risk to you or your child by giving us permission to contact the teacher. None of the questions on the teacher survey are on sensitive topics. There is a small risk that your child’s information will be seen outside the study team. However, the study team follows strict rules to protect your privacy. No reports will include any names or any other identifying information. We will not provide information that identifies you, your child, your child’s school, or your district to anyone outside the study team, except as required by law. We will keep your information private unless there is concern that you or someone else may be harmed.  **How will my information be protected?**  The research team follows strict rules to keep your information private. Any information collected for the study will be used only for research purposes. We use secure computers and data storage systems to protect data from being seen by anyone other than the researchers. All study staff are trained to protect confidentiality. All study staff sign a confidentiality pledge. The study might be extended to past when your child is in kindergarten [or first grade]. If that happens, we might share your information with other researchers. These researchers or the current study team might continue to collect information about you and your family. They would also keep your information private.  All information about you will be marked with a code number and not your name. No reports will describe you in a way that you can be identified. We will share data from the study with other researchers, but the data will not let anyone know who you are. We have to deliver the study data to the federal government at the end of the study, but the data file will not contain information that can identify you.  The study has a Confidentiality Certificate from the U.S. Department of Health and Human Services. This states that we do not have to identify you, even under a court order or subpoena. We will use the Certificate to resist any requests for information that would identify you. However, if keeping your answers private would put you or someone else in serious danger, we will have to tell the appropriate agencies to protect you or the other person. The government may see your information if it audits the study, but it would keep your information confidential. This Certificate does not mean that the U.S. Secretary of Health and Human Services approves of this project.  Next | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at MIHOPE@mathematica-mpr.com * Visit <http://www.mdrc.org/mihope> | | | | | |

**TConsent2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| MIHOPE Tree.jpgAgreement to Contact your Child’s Teacher for the **Mother and Infant Home Visiting Program Evaluation**  **Is this activity voluntary?**  Yes. Providing permission for the teacher survey is your choice. If you decide not to give us permission to contact the teacher, there is no penalty. You may pull your child out of the teacher survey at any time. You may change your mind and decide not to allow us to contact the teacher in the future. Doing this will not affect your child’s rights in any way [and will not affect any benefits or services you are entitled to receive].  **Whom can I call with questions?**  If you have questions at any time about the study or about your rights as a participant in the research, please call MDRC toll-free at 1-877-311-6372.  [[ONLY DISPLAY THIS TEXT IF RESPONDENT STATE = WA]: You may call the Washington State Institutional Review Board if you have questions about your rights or concerns/complaints about the research. The WSIRB oversees this study to make sure that the rights of people who take part are protected. You can call at 1.800.583.8488. You don't have to give your name if you call.]  **Participant’s Statement:**  “I understand the information contained in this document. I agree to have the MIHOPE study team contact my child’s teacher so the teacher can answer questions about my child. I understand that a copy of this consent form will be given to me to keep. The research procedures, risks, and benefits have been explained to me. I understand that you will collect information about my children. I understand that I can refuse to provide the teacher’s contact information. I understand that I can ask the study team to not contact the teacher at any time. I understand that any information that can be used to identify me, my child, or my child’s teacher will be kept private, unless there is concern that I or someone else may be harmed.”  By typing your name below, you are signing this consent form electronically and agree that your electronic signature is the legal equivalent of your manual signature on this document.  Are you the child’s legal guardian?  Yes  No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name Last Name  \_\_\_\_\_\_\_\_\_\_\_\_\_  SUBMIT  Date | | | | | |

Notes:

* SUBMIT goes to **TContact** IF “Are you the child’s legal guardian?” = Yes
* SUBMIT goes to **NotGuardian** IF “Are you the child’s legal guardian?” = No

**NotGuardian**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| Only the child’s legal guardian can give permission for us to contact his or her teacher. If you have any questions, please email or call us at 1-800-273-6813.    Next >> | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at [MIHOPE@mathematica-mpr.com](mailto:MIHOPE@mathematica-mpr.com) * Visit <http://www.mdrc.org/mihope> | | | | | |

**TContact**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| **Teacher Contact Information**  Please provide [CHILD]’s (school and) [kindergarten/first grade] teacher information, and verify the school information you provided before). When you are finished, click Next at the bottom of this page. If you do not yet know this information, you can always return to this page.  School information  School name [display info from **Contact** if available]  School address 1  School address 2  City, State, ZIP  Next >>    [CHILD]’s teacher information  FName LName:  Email address:  Phone number: | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at MIHOPE@mathematica-mpr.com * Visit <http://www.mdrc.org/mihope> | | | | | |

Notes:

* Next goes to **TEnd**

**Tend**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| **Thank you for submitting the contact information for your child’s teacher!**  The information you gave us is below. If any of this information is incorrect, please email or call us at 1-800-273-6813.  School information  School name  School address 1  School address 2  City, State, ZIP    [CHILD]’s teacher information  FName LName:  Email address:  Phone number:    Next >>  Please click Next to learn more about MIHOPE. | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at MIHOPE@mathematica-mpr.com * Visit <http://www.mdrc.org/mihope> | | | | | |

Notes:

* Email us generates email to [MIHOPE@mathematica-mpr.com](mailto:MIHOPE@mathematica-mpr.com)
* Next goes to **Home**

**Info**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| **About MIHOPE**  Click on a button below to learn more about the MIHOPE study.  Learn about the phone interview  Learn about [the visit to your home/the virtual visit/the home activities]  Get the latest news about MIHOPE  Learn about the teacher survey    Return to homepage | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at MIHOPE@mathematica-mpr.com * Visit <http://www.mdrc.org/mihope> | | | | | |

Notes:

* Learn about the 60-minute interview links to **Info1**
* Learn about the visit to your home links to **Info2**
* Learn about updates to the MIHOPE study links to **Info3**
* Learn about the teacher survey links to **Info4**
* Return to homepage returns to **Home**

**Info1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| **About the 60-minute MIHOPE Telephone Interview**  We would like to learn about how your family has been doing since participating in MIHOPE. We would like to ask you some questions about your health, your child’s health, what you do as a parent, your child’s development, and your family’s economic situation.  All of these questions are voluntary. There are no right or wrong answers to these questions. All of your answers will be kept private.  These questions take about one hour. When we finish, you will receive a $25 gift card to thank you for your help.  << Back | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at MIHOPE@mathematica-mpr.com * Visit <http://www.mdrc.org/mihope> | | | | | |

Notes:

* Back returns to **Info**

**Info2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| **About the [Visit to Your Home/Virtual Visit/Home Activities]**  The purpose of [this visit/the home activities] is to learn more about you and your child [in a comfortable and familiar setting – your home]. We will do some fun activities with both of you to learn about your child’s development and how you and your child get along.    **What activities will you be doing in my home?**   * + Your child will play a few games with a Mathematica interviewer (language, math, and memory games)   + You will play a memory game   + We will videotape you and your child playing with some toys     You will receive $50 for doing these activities. We will do these activities in whichever way is most comfortable for you. For example, you can take breaks between activities, refuse to do any of them, and/or stop an activity at any time. All of these activities are voluntary. If you do not want to do an activity, you do not have to. Information collected from these activities will be kept private. These activities are expected to take no more than 90 minutes.  << Back | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at MIHOPE@mathematica-mpr.com * Visit <http://www.mdrc.org/mihope> | | | | | |

Notes:

* Back returns to **Info**

**Info3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| **MIHOPE Updates**  **What’s happening now in MIHOPE?**  We have finished collecting information from families when their children were 15 months old. Results on how home visiting helped these families are available at [www.mdrc.org/mihope](http://www.mdrc.org/mihope). Thanks to you, we have learned that home visiting is improving the lives of families in many ways when children are toddlers.  We are continuing to learn about how home visiting can make a difference for children and families. We are now moving to the kindergarten phase of the study, which will begin this fall.    << Back | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at MIHOPE@mathematica-mpr.com * Visit <http://www.mdrc.org/mihope> | | | | | |

Notes:

* Back returns to **Info**
* **NOTE:**  Updated info will be added periodically. Newer information should appear at the top.

**Info4**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **English** | **Español** | **Home** | **About MIHOPE** | **Update your contact info** | **Contacting child’s teacher** |
| **About the Teacher Survey**  We would like to talk with your child’s teacher to learn more about his or her school experiences and answer a few questions about your child.    We are requesting you to provide permission for us to contact your child’s teacher. Please note that permission must be given by your child’s legal guardian.  **Why should I give you this information?**  The information we get from your child’s teacher could help improve services for parents just like you with young children. Your child’s teacher is one of over 4,000 teachers whose input is extremely valuable to this study. Their opinions and experiences are unique and cannot be replaced!  **Why do you want to contact my child’s teacher? What information are you collecting?**  We want to know if home visiting affects how children are doing now that they are in school. Asking your child’s teacher some questions is the best way for us to get this information. We will ask about your child’s behaviors in school, such as their social and learning behaviors. We will also ask about special education services, times when your child may have gotten in trouble, and absences. These questions will be short and will take no more than 15 minutes. The study team will follow strict rules to protect these answers and your privacy.  **What do you need from me?**  In order to contact your child’s teacher, we are collecting the name the name of your child’s teacher, the name of your child’s school, and the email address and phone number of the teacher. We will not provide this information to anyone outside the study team, unless it is required by law. We would also like your electronic permission to contact your child’s teacher.  **Do I have to give you information about my child’s teacher and school?**  Providing this information is completely your choice. There is no penalty if you decide not to provide it. Giving us permission to talk to your child’s teacher is also your choice. If you do not give us permission, we will not contact your child’s teacher.  << Back | | | | | |
| **For more information or questions about the MIHOPE study:**   * Call 1-800-273-6813 * Email us at MIHOPE@mathematica-mpr.com * Visit <http://www.mdrc.org/mihope> | | | | | |

Notes:

* Back returns to **Info**