

## Appendix B—Consent Language for Data Collection

### B1: Consent for Virtual Family Focus Group (Verbal Consent)

#### Preamble

Before we begin, there are a few important things for us to go over briefly. I want to remind you about the purpose of this focus group and give you some important information about your participation in this research. I'd also like to explain a little bit about how we think this conversation will work best.

#### Purpose of the Project

One of the purposes of this research project is to understand the experiences of parents and families of Head Start children as they transition to kindergarten. Researchers, teachers, and administrators are paying more and more attention to this transition period, and we want to understand how parents and families are preparing for and experiencing the shift to new settings, expectations, and relationships as they enter kindergarten. We want to understand your experiences because we believe doing so is important to improving the quality of children's educational and developmental opportunities, as well as maintaining the social-emotional and academic progress they've made while in Head Start.

#### Participation and Privacy

Thank you again for agreeing to participate in this focus group. I want to take a moment to remind you of a few important things before we begin.

- First, your participation in this focus group is completely voluntary and does not involve any risks other than what you would encounter in daily life. However, we may discuss sensitive topics that may be difficult to talk about. You do not have to participate in any part of our conversation that makes you uncomfortable. You are free to stop at any time, and you can decline to answer any of the questions without any consequences. We will take approximately an hour and fifteen minutes of your time for our conversation today. As a thank you for your participation, we have \$50 gift cards for each of you that we will be sending to you at the end of our conversation.
- Second, the discussion we have in this focus group today is private. No one outside of the research group will know what we discuss today. No [INSERT HEAD START CENTER] or public school employee will have access to this conversation. The only situation in which we would consider breaking that privacy would be if we had reason to believe someone was being harmed or in danger of being harmed. By law, we are mandated to report that.
- Third, to help us make the most of what we learn from you by making sure we capture everything correctly. We would like to record this conversation today to help us make the most of what we learn from you today by making sure we capture everything correctly. We will use this recording to create a transcript. No names or identifying information will be included in this transcript and it will be securely stored. No one outside the research team will have access to it. We will delete the recording as soon as it has been transcribed.
- With your permission, we may contact you again in the fall after your child enters kindergarten. We will only reach out if you give us permission to on the Family Background Questionnaire.
- We may use the information you provide for future research studies. We will not ask for your additional informed consent for these studies. We will store the research data at a trusted repository. Before being made available to other researchers, the data will be reviewed to make sure it cannot be used to identify you in any way.

- If at any time you have questions about our conversation today or your role in the study, please feel free to contact Dr. Stacy Ehrlich, the NORC Project Director, at (773) 256-6087; or via email at [ehrllich-stacy@norc.org](mailto:ehrllich-stacy@norc.org). If you have any questions about your rights as a participant in this research study, please call the NORC IRB Manager toll-free at (866) 309-0542.

Are there any questions or concerns before we begin?

Is everyone comfortable with me recording this conversation so we can accurately capture the conversation? **[If yes, TURN ON AUDIO RECORDER]**

## B2: Consent for In-Person Family Focus Group (Written Consent)

### Purpose of the Project

One of the purposes of this research project is to understand the experiences of parents and families of Head Start children as they transition to kindergarten. Researchers, teachers, and administrators are paying more and more attention to this transition period, and we want to understand how parents and families are preparing for and experiencing the shift to new settings, expectations, and relationships as they enter kindergarten. We want to understand your experiences because we believe doing so is important to improving the quality of children's educational and developmental opportunities, as well as maintaining the social-emotional and academic progress they've made while in Head Start.

### Participation and Privacy

We want to take a moment to remind you of a few important things before we begin.

1. **Your participation in this focus group is completely voluntary** and does not involve any risks other than what you would encounter in daily life. However, we may discuss sensitive topics that may be difficult to talk about. You do not have to participate in any part of our conversation that makes you uncomfortable. You are free to stop at any time, and you can decline to answer any of the questions without any consequences. We will take approximately an hour and fifteen minutes of your time for our conversation today. As a thank you for your participation, we have \$50 gift cards for each of you that we will be distributing at the end of our conversation.
2. **The discussion we have in this focus group today is private.** No one outside of the research group will know what we discuss today. No Head Start or public school employee will have access to this conversation. The only situation in which we would consider breaking that privacy would be if we had reason to believe someone was being harmed or in danger of being harmed. By law, we are mandated to report that.
3. **We would like to record this conversation today to help us make the most of what we learn from you by making sure we capture everything correctly.** We will use this recording to create a transcript. **No names or identifying information will be included** in this transcript and it will be securely stored. No one outside the research team will have access to it. We will delete the recording as soon as it has been transcribed.
4. **With your permission, we may contact you again in the fall after your child enters kindergarten.** We will only reach out if you give us permission to on the Family Background Questionnaire.
5. We may use the information you provide for future research studies. We will not ask for your additional informed consent for these studies. We will store the research data at a trusted repository. Before being made available to other researchers, the data will be reviewed to make sure it cannot be used to identify you in any way.
6. If at any time you have questions about our conversation today or your role in the study, please feel free to contact Dr. Stacy Ehrlich, the NORC Project Director, at (773) 256-6087; or via email at [ehrllich-stacy@norc.org](mailto:ehrllich-stacy@norc.org). If you have any questions about your rights as a participant in this research study, please call the NORC IRB Manager toll-free at (866) 309-0542.

I, \_\_\_\_\_, acknowledge that the research study has been explained to me. I have read and understood the participation and privacy information above. I have been given the opportunity to ask questions, and my questions have been answered.

**Yes**, I consent to participate in this focus group.

**No**, I do not consent to participate in this focus group.

Are you willing to have this conversation recorded?

**Yes**, this conversation can be recorded.

**No**, this conversation cannot be recorded.

\_\_\_\_\_  
Parent/Primary Caregiver Signature

\_\_\_\_\_  
Date

### **B3: Consent for Interviews with Administrators, Practitioners, Community Partners, and Former Head Start Families (Verbal Consent)**

Good morning/afternoon. My name is [INSERT NAME] and I am a researcher at [NAME OF ORGANIZATION]. I'm joined by [INSERT NAME], who is [also] a researcher at [NAME OF ORGANIZATION], who will be taking notes during our discussion. We are conducting a study of children's transitions from Head Start to kindergarten. We are hoping to get a better understanding of how to improve those transitions for everyone involved, teachers and administrators included.

Because you serve in a role that influences this transition, we are asking you to take part in an interview to learn more about your experiences and thoughts about the kindergarten transition. The interview will take about [INSERT RESPONDENT-SPECIFIC AMOUNT] minutes.

Your participation in this study is completely voluntary. If you are uncomfortable with any of the questions asked, you are free to skip them. You may stop the interview at any time without any consequences. Whether or not you choose to participate in the study, or decide to withdraw at any point, will not affect you in any way. All data collected during the interview will remain completely private. We are not collecting your name or any other potentially identifying information. Findings from the interview may be used in a final report for ACF.

With your permission, we would also like to audio-record our conversation during the interview in order to help us to take comprehensive notes of this discussion. We will not share the audio recording with anyone else, and all recordings will be deleted after we have reviewed them. Your agreement to be recorded is optional. You can decide to participate without being recorded.

As a thank you for participating in this interview, you will receive a [INSERT RESPONDENT-SPECIFIC AMOUNT] gift card. We will ask you at the end of the interview how you would like to receive your gift card.

We may use the information you provide for future research studies. We will not ask for your additional informed consent for these studies. We will store the research data at a trusted repository. Before being made available to other researchers, the data will be reviewed to make sure it cannot be used to identify you in any way.

If you have any questions regarding the research project, please feel free to contact Dr. Stacy Ehrlich, the NORC Project Director, at (773) 256-6087; or via email at [ehrllich-stacy@norc.org](mailto:ehrllich-stacy@norc.org). If you have any questions about your rights as a participant in this research study, please call the NORC IRB Manager toll-free at (866) 309-0542.

Do you have any questions for me?

Do you consent to participate in this interview?

**[If "yes" then proceed. If "no" then terminate interview.]**

Do you agree to be recorded?

**[If "yes" then record. If "no" then do not record.]**

**[After the interview]** Would you like to receive the gift card?

[If yes, collect preferred means of delivery. For email, note email address, for snail mail, note postal address].