# Evaluation of Transition Supports for Youth with Disabilities: First Phase of Data Collection Activities

Appendix A: Charting My Path for Future Success Project Information and Consent Form

MARCH 2023

Signing Up for the *Charting My Path for Future Success* Project

**Your child has the opportunity be in the *Charting My Path for Future Success* Project*.*** As part of this project, your child’s school is offering two new pilot programs meant to help students with Individualized Education Programs (IEPs) reach their goals after high school. The U.S. Department of Education is sponsoring this project as part of research to learn more about ways to help students with disabilities get ready for their adult lives. Dozens of schools across the U.S. are taking part.

The American Institutes for Research (AIR), a nonprofit group, is leading the research project in partnership with the University of North Carolina at Charlotte and Social Policy Research Associates.

The form on the last page asks if you and your child agree to be in the project. Before filling out the form, please look at the brochure you received and read the information below.

Project Information

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| Who can sign up for the project? |
| The project is open to students at your child’s school and other project schools who:* Have an Individualized Education Program (IEP)
* Are about two years away from finishing high school
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| How does the project work? |
| **For all students whose families agree to be in the project, researchers at AIR will use a computer program to randomly place students in one of three equally sized groups.** Two of these groups will have access to new transition supports that go beyond what most schools now offer. Specifically, at each project school:* One thirdof students will be placed in {Program 1 name}. This program teaches students about setting goals and making plans to achieve goals. It also has check-ins with families to help their children succeed in the program. {Program 1 name} activities for students and families will happen in the 2024-25 and 2025-26 school years.
* Another third of students will be placed in {Program 2 name}. This program has all of the activities of {Program 1 name} *plus* 1-on-1 mentoring for students to take steps toward their goals. {Program 2 name} activities for students and families will happen in the 2024-25 school year, Summer 2025, and the 2025-26 school year.
* The other third of students will keep receiving the usual special education services and transition supports offered at their school, based on their IEPs. This group is very important as a reference point for learning about the new programs.
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| What benefits could the project have? |
| This project may help teachers, parents, researchers, and others learn how to support students with disabilities when they leave high school. Your child’s school and other schools in the project will set up programs based on years of research on how to help students with IEPs get ready for life as adults. The programs are new, so high schools around the country could benefit in the years to come from findings about how well the programs work. The project gives some students extra supports to build skills and take steps toward their goals for adult living, work, and further learning after high school. The project also gives parents/guardians of selected students the chance to check in with instructors on their child’s progress and learn more about how to help them work toward their goals.  |

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| What information will the project collect? |
| **The project’s research team will collect information about all students who sign up. The team will look at all three groups to learn how much the new programs help, beyond the usual services and transition supports.** Specifically, the research team will: * Ask each student to take a short survey at school in Fall 2024, Fall 2025, and Spring 2026, to learn about changes in students’ skills to set goals, make plans, and take steps to get ready for life after high school. Students will receive support for filling out the survey, as needed.
* Collect students’ school records to date and for up to 4 years after the start of the 2024–25 school year. These records will cover school progress and achievement, IEP goals and transition plans, and characteristics such as disability type, age, and race/ethnicity. The research team will get these records from the school district.
* Collect records about students’ use of Vocational Rehabilitation services, use of federal student aid, college attendance, and work outcomes since the start of high school. With your consent, the research team will use your child’s name, date of birth, and Social Security number to gather these records from the U.S. Department of Education, other federal agencies, and the National Student Clearinghouse for up to four years after the start of the 2024-25 school year. In years after that, the U.S. Department of Education may gather updated records from those sources. All of these records are important for learning how well the programs work.
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| How will my child’s information be protected? |
| **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 information will only be used for research authorized by the U.S. Department of Education. Beyond this project, the U.S. Department of Education can authorize further research using *de-identified* project data without additional approvals from you or your child. That is, further research would use data files that do not have names, identifiers, or any other personal information. Other than to request the records described above, the project team will not willingly share any information that could identify you, your child, or your child’s school with anyone outside the team, except as required by law. AIR has many safeguards for storing and transferring information in ways that will maintain the confidentiality and privacy of the people and schools in the project. |

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| Are there any risks to signing up for the project? |
| **The project presents no foreseeable risks to you or your child.** It has been approved by AIR’s Institutional Review Board, a group tasked with protecting the rights and well-being of people who take part in projects like this. |

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| Does my family have to be part of the project? |
| **No, participating in the project is voluntary.** Students whose families do not to sign up for the project will keep receiving the usual special education services and transition supports offered at their school, based on their IEPs. Students who are not in the project will not be part of the information collection described above. And if you do sign up, you or your child can stop participating at any time without penalty. |

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| Who should I contact if I have questions? |
| If you have questions about the *Charting My Path for Future Success* Project, please contact Anja Kurki (akurki@air.org, 202-403-5153) or Seth Brown (sbrown@air.org, 781-373-7034). If you have questions about your child’s rights as part of the project, please contact the Chair of AIR’s Institutional Review Board: IRBChair@air.org, toll free at 1-800-634-0797, or c/o IRB, 1400 Crystal Drive, 10th Floor, Arlington, VA 22202.  |

Project Participation Form

**The project is offering a small gift of $10 for completing and returning this form.** Your family will receive this gift *no matter what you decide about taking part in the project.*

Parent/Legal Guardian Part of Form – Must be completed for all students

1. Please read the following statement.

I have read (or have had read to me) the information above and the brochure. I have spoken with my child about the project. My child and I understand what being part of the project involves.

2. After reading the statement, do you and your child agree to be in the project?

¨ **Yes, my child and I agree to participate in the project.**

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 **My child’s Social Security number:**

¨ **No, my child and I choose not to participate in the project.**

3. Please provide the following information.

Parent or Guardian Name (Print) Parent or Guardian Signature Date

Student Name (Print) Parent or Guardian Phone Number

Student Part of Form – Must be completed by students ages 18 and up if “Yes” is selected above

If you agree to the statement next to the box below, please check the box and complete the rest of this form.

¨ **I have read (or have had read to me) the information above and the brochure. I understand what being part of the project involves. I agree to participate in the project.**

Student Signature Date

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| **Privacy Act Statement & Notice of Confidentiality.** The purpose of this project is to assess whether two transition support programs help students prepare for and attain their goals beyond high school. The U.S Department of Education is authorized to conduct this project under Section 664 of the Individuals with Disabilities Education Act (IDEA, 20 U.S.C. 1464). Information collected for this project comes under the confidentiality and data protection requirements of the Education Sciences Reform Act of 2002, Title I, Part E, Section 183. The information will be used only for research approved by the U.S. Department of Education. Project reports will summarize patterns and will *not* associate responses with a specific school or person. The project team will use Social Security numbers and other personal information to request records of students’ outcomes from the Department of Education, other federal agencies, and the National Student Clearinghouse. The project team will also provide the U.S. Department of Education with Social Security numbers and other personal information to collect records of students’ later outcomes. Otherwise, the project team will not willingly share information that identifies schools or individuals outside the project team, except as required by law. Providing your child’s Social Security number is voluntary, but if you do not provide it, your child may be excluded from the project. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required for this collection of information is estimated to average 15 minutes per response, including the time to review instructions, gather the data needed, and review and complete the form. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this form, or comments/concerns regarding the status of your individual submission of this form, please write to: Institute of Education Sciences, NCEE, 550 12th Street SW, Washington, DC 20202. |