# Appendix A7: PRISMS Toolkit Evaluation Parent and Guardian Active and Passive Consent

**For active consent:**

Dear Parents and Guardians:

Your child’s school is taking part in a study of how teachers help students learn to read in grades 6–8. Teachers at some schools are given extra training in how to teach reading. With this study, we will learn whether the extra training for teachers led to better student learning in reading by participating in a project designed to improve reading instruction and intervention.

**What are we asking?**

We are asking for your child to be a part of the study during the 2025/26 school year. If you agree, the research team will:

* Request information about your child from the school district. This will include basic information (for example, age, gender, and race/ethnicity); eligibility for programs, such as free or reduced-price meals, English learner programs, or receipt of special education services; and students’ English language arts test scores. We will use this information to report whether the extra teacher training led to better student learning in reading for students overall and students who belong to different groups (for example, age, gender, race/ethnicity, and across eligibility for different programs). We will never share or disclose individual student information.
* Ask teachers to complete surveys about the type of reading instruction your child receives in school and how engaged they are in that reading instruction.

#### **How will we protect your child’s privacy?**

The research team will protect the confidentiality of all information collected for the study and will use it for research purposes only. Only the evaluation team members with training in how to deal with sensitive and confidential data will be allowed access. In reporting the study’s results, no information that identifies your child or your child’s school or district will be reported. The researchers conducting this study follow the confidentiality and data protection requirements of the U.S. Department of Education’s Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). The reports prepared for the study will summarize findings across the sample and will not associate responses with a specific district, school, institution, or individual. All information you provide will be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).

#### **Should my child participate?**

Taking part is voluntary. Your participation will not change the reading instruction that your child receives. No one will be upset with you or your child if your child doesn’t want to be in the study. If you decide to let your child participate, your child can withdraw at any time without penalty.

#### **Are there benefits or risks for my child participating?**

Information from the study will be used to improve training for teachers in how to teach reading. Your child will not receive any direct benefit from taking part in this study. However, this study may help improve future reading teaching for other students.

#### **More information**

If you have questions or would like more information, please contact Dr. Jill Bowdon at [jbowdon@air.org](mailto:jbowdon@air.org). If your child participates, you can get information about the project by contacting Dr. Bowdon. If you have concerns or questions about your rights as a participant, contact the chair of the Institutional Review Board (IRB) at the American Institutes for Research at [IRBChair@air.org](mailto:IRBChair@air.org), toll free at 800-634-0797, or in writing at c/o AIR IRB, 1400 Crystal Drive, 10th Floor, Arlington, VA 22202-3289.

#### **Permission**

If you have read the above information, asked any questions you may have and received answers, please sign below to identify whether you allow your child’s information to be included in the study. If you later decide that you wish to stop permission for your child to participate in the study, contact us. You may discontinue their participation at any time.

Please select one of the following options and write your name below to let us know whether you allow information about your child to be included in this study:

☐ **Yes,** I give permission for my child to participate in the study and for REL Southwest to use my child’s information for purposes of the study.

☐ **No,** I do not give permission for my child to participate in the study or for REL Southwest to use my child’s information for purposes of the study.

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| --- |
| **Parent/Guardian name (please print) Parent/Guardian signature** |
| **Student’s name** |
| **School name** |
| **Date** |

**For passive consent:**

Dear Parents and Guardians:

Your child’s school is taking part in a study of how teachers help students learn to read in grades 6–8. Teachers at some schools are given extra training in how to teach reading. With this study, we will learn whether the extra training for teachers led to better student learning in reading by participating in a project designed to improve reading instruction and intervention.

**What are we asking?**

We are asking for your child to be a part of the study during the 2025/26 school year. If you agree, the research team will:

* Request information about your child from the school district. This will include basic information (for example age, gender, and race/ethnicity); eligibility for programs, such as free or reduced-price meals, English learner programs, or receipt of special education services; and students’ English language arts test scores.
* Ask teachers to complete surveys about the type of reading instruction your child receives in school and how engaged they are in that reading instruction.

**How will we protect your child’s privacy?**

All information obtained in this evaluation will remain confidential. Only the evaluation team members with training in how to deal with sensitive and confidential data will be allowed access. In reporting the study’s results, no information that identifies your child or your child’s school or district will be reported. The researchers conducting this study follow the confidentiality and data protection requirements of the U.S. Department of Education’s Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). The reports prepared for the study will summarize findings across the sample and will not associate responses with a specific district, school, institution, or individual. All information your child provide will be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).

**Should my child participate?**

Taking part is voluntary. Your participation will not change the reading instruction that your child receives. No one will be upset with you or your child if your child doesn’t want to be in the study. If you decide to let your child participate, your child can withdraw at any time without penalty.

**Are there benefits or risks for my child participating?**

Information from the study will be used to improve training for teachers in how to teach reading. Your child will not receive any direct benefit from taking part in this study. However, this study may help improve future reading teaching for other students.

**More information**

If you have questions or would like more information, please contact Dr. Jill Bowdon at [jbowdon@air.org](mailto:jbowdon@air.org). If your child participates, you can get information about the project by contacting Dr. Bowdon. If you have concerns or questions about your rights as a participant, contact the chair of the Institutional Review Board (IRB) at the American Institutes for Research at [IRBChair@air.org](mailto:IRBChair@air.org), toll free at 800-634-0797, or in writing at c/o AIR IRB, 1400 Crystal Drive, 10th Floor, Arlington, VA 22202-3289.

**Denial of permission**

Please complete this form and return it to your child’s teacher **ONLY** if you do **NOT** wish your child to participate in the study.

|  |  |  |
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| **Student name** |  |  |
| **School** |  |  |

I **DO NOT** give permission for my child, named above, to participate in the study or for REL Southwest to use my child’s information for purposes of the study.

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian name** |  |  |
| **Parent/Guardian signature** |  |  |
| **Date** |  |  |