

**Child-Parent Center (CPC-PK3) EDUCATION PROGRAM EVALUATION
Expansion COHORT
Parent/Legal Guardian Consent Document**

Dear Parent/Guardian,

Your child's school is participating in the evaluation of the Child-Parent Centers, Preschool to Third Grade (CPC-PK3). The CPC program aims to improve school readiness and student achievement for families with children in preschool to third grade. This study is conducted by researchers at the University of Minnesota.

We are asking for your permission for you and your child to participate in the CPC-PK3 Program Evaluation. If you agree to participate you will be one of about 3,000 families in the study. Please read the information below and contact us with any questions. Attached to this letter is a Parent/Guardian Consent Form for you to sign if you give permission to participate in this study.

You are invited to participate in this study in the following ways:

- Give permission for your child to be assessed by a trained assessor on the MN EF Scale/Dimensional Change Card sort that assesses skills related to attention, focus and flexibility.
- Give permission for the school to share your child's student ID number when it is assigned and other information collected by the school and district including name, directory information, demographics, attendance, and school progress and assessments.

This study is **voluntary**. Nothing will happen if you do not want to participate. Once you agree, you can always change your mind and decide not to participate. There is no known risk for being a part of this study, and doing it will benefit future programs that provide services from preschool to third grade.

Everything you and your child's teacher tell us is confidential—no report will ever identify you, your child, or your child's teacher. The only exceptions are related to mandated reporting requirements defined by the law. Information from the survey, checklists, and school will only be shared with the research team at the University of Minnesota. If you have any questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you are encouraged to contact the Research Subjects' Advocate Line, D-528 Mayo, 420 Delaware Street S.E., Minneapolis, Minnesota, 55455; telephone (612) 625-1650.

Please carefully review the attached Parent/Legal Guardian Consent Form and check a box to indicate whether you consent to the teacher checklists and/or the release of your child's state achievement scores and academic progress. Return a copy of the consent form to your child's teacher.

Protection of Pupil Rights Amendment. Parents, please be aware that under the Protection of Pupil Rights Act, 20 U.S.C. Section 1232(c)(1)(A), you have the right to review a copy of the questions asked of or materials that will be used with your child. If you would like to do so, you should contact Arthur Reynolds at (612) 625-3607 to obtain a copy.

KEEP THIS COPY FOR YOUR RECORDS

Parent/Legal Guardian Consent Form

In signing this form, I verify that the box checked below expresses my wishes about my agreement for my child to participate in the test at their school with the evaluation staff. Participation in the study means:

- 1) I have read the Parent/Legal Guardian Consent Document and understand that giving permission is voluntary.
- 2) Me and my child's name will not be used in any written reports, presentations, or articles.
- 3) I may withdraw from the study at any time, without any consequences. I also may refuse to answer any questions and still remain in the study.

In signing this form, I verify that the box checked below expresses my wishes about the release of my child's student ID number from the school district to track his or her academic progress.

CHECK ONE:

- YES, I WANT TO BE PART OF THE CPC PRESCHOOL COHORT STUDY and permit the school/district to share my students' information.**
- No, I do not want to be part of the study.**

Please fill in the information and sign below. Return this form to your child's teacher as soon as possible.

Child's name _____

Child's birth date ____/____/20____ Child's gender: Male Female
Month Day Year

Language(s) spoken at home: _____

Child's school: _____ Child's teacher: _____

Address: _____
Street address/Apt. number City Zip Code

Your signature: _____

Your name (print): _____

Date: _____ Your relationship to child: _____

Please complete this form and return it to your child's teacher.

Parent/Legal Guardian Consent Form

In signing this form, I verify that the box checked below expresses my wishes about my agreement for my child to participate in the test at their school with the evaluation staff. Participation in the study means:

- 1) I have read the Parent/Legal Guardian Consent Document and understand that giving permission is voluntary.
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