## **Study Information Letter for Parents**

October 2007

Dear Parent or Guardian,

We are writing to inform you of a new project in schools in the Boston area that will be providing a number of different supports to different schools designed to improve preschool students' early reading and math. Your child's classroom will receive a small stipend to be spent on supplies or materials as you teacher or school administrator decides. This project has been approved by your child's school administration.

The purpose of this project is to help preschool teachers and aides provide high-quality instruction to students. To evaluate how well the project is working, we have asked an independent evaluator, Wellesley Centers for Women, to test students' gains over the year and to ask you some questions about your child's early learning experiences. You can find more information online at www.bostonready.org.

These tests are the same or similar to tests your child might normally receive as part of the regular classroom practices to help their teacher plan instruction. If you are willing to allow your child to participate, please fill out the consent form and return it to your child's teacher. If you are not interested, you do not need to respond to this letter or complete the form. This is what you and/or your child will be asked to do:

- Your child will take several tests to help researchers better understand their skills in vocabulary, word sounds, letters, and numbers. These tests will take place over two days for about 20 minutes each day. Children who are tested will receive a small gift such as stickers or a book.
- Researchers will observe in your child's classroom to understand how the teacher helps students learn about letters, sounds, words, and numbers.
- We will ask parents to complete a short survey about things they do with their child to help them learn.

If you decide to allow your child to participate, the following is what will happen in the first year of the project:

- 1. A project research assistant placed in the school will collect information from your child's reading and math using different tests. This will happen sometime between September and December 2007, depending on when we can schedule a visit to your child's school.
- 2. Depending on whether or not a classroom is chosen to receive the intervention or be a control group, students may have classroom instruction using several curricula throughout the year. Similarly, teachers may have training and specialized coaching support from experts in the curricula.
- Classrooms will be observed by research assistants, and general information about classroom management will be collected. No individual information on students will be collected during the observations or regarding classroom management.
- 4. Starting in March 2008, we will begin testing students again with the same tests to check for any changes that have occurred.

Parent/Guardian:	Consent for Student Participation
School Name:	
School Address:	

### **Description of Project**

Your child has been asked to take part in an evaluation of the Boston Ready research project, which provides support to teachers and paraprofessionals. This project is a collaborative effort between Boston Public Schools, the Institute for Community Inclusion at the University of Massachusetts Boston, and Wellesley College.

**Boston Ready** is a multi-year project that uses a variety of supports designed to foster academic success for preschool children and conducts research to measure the impact of these different kinds of support. All preschool classrooms will receive some benefit in the form of supplies or materials.

- What will be done: Classrooms will be randomly assigned to receive either training or materials and extra support.
- Your child **is not** be in the group that receives the Boston Ready teacher trainings.

In order to evaluate Boston Ready's progress, we ask your permission to test your child's skills in vocabulary, letter sound recognition, and numbers. We also ask that you complete and return the attached survey. We will analyze all data by group: We are not looking at individual answers for students, but how they do on average.

The testing will take place in your child's classroom by trained evaluators. So that no child is stressed by the testing, if testing takes more than 20 minutes it will be broken up over two days. The students selected for testing will receive a small gift such as stickers or a book. The parent survey should take about 15 minutes to complete. It is important to note that all the children will receive the benefits of additional classroom supplies and materials even if you do not sign the consent form. However, if you do not sign the consent form your child's data will **not** be collected for research purposes.

### **Confidentiality**

All the information from this project (answers to questions) will be private. Your child's part in this research will not be shared beyond the project. None of the information will let anyone know you/your child by name. Your child's name will not be on any of the information from the project. Instead, the information will have code numbers that only the research team will know. The information will be stored in a locked file. No information about you or your child will be given to anyone outside of the project.

### **Voluntary Participation**

You can decide if you want your child to participate in the research or not. Your child does not have to participate. If you decide that you do **not** want your child to participate, your decision will in no way affect any services your child receives, or any grades or evaluations provided by the school. If you do decide to give permission for your child to participate, you may decide to stop their participation at any time, at which point researchers will eliminate all of your child's data from our files. Your child may choose not to answer any question. If you wish to stop your child's participation in the project, all you need to do is tell their teacher, Project Director Mary Lu Love (617-287-5925), or External Evaluator Michelle Porche (781-283-2498). Whatever you choose will not affect your child's status in school.

#### **Risks and Discomforts**

Overall, there are minimal risks to participating in this study. It is unlikely that the type of questions posed will result in any unforeseen trauma or emotional harm. Your child may skip any question or part that they would like to avoid.

# **Rights and Complaints**

You or your child have the right to contact a researcher about the study with any questions or complaints. You may contact Mary Lu Love at 617-287-5925.

You may also contact the University of Massachusetts Boston Institutional Review Board (IRB) if you feel you have been hurt in any way by participating. The IRB may be reached at the following address: IRB, Office of Research and Sponsored Programs, Quinn Administration Building-2-015, University of Massachusetts Boston, 100 Morrissey Boulevard, Boston MA, 02125-3393. You can also contact the IRB by telephone at 617-287-5370.

YOU HAVE READ THE CONSENT FORM. YOUR QUESTIONS HAVE BEEN ANSWERED. YOUR SIGNATURE ON THIS FORM MEANS THAT YOU UNDERSTAND THE INFORMATION AND YOU GIVE PERMISSION FOR YOUR CHILD TO PARTICIPATE IN THIS STUDY.

Signature of Parent/Guardian	Typed/Printed Name of Parent/Guardian
Typed/Printed Name of Child	Name of School
	Teacher's Name
Signature of Researcher	Typed/Printed Name of Research

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