

Eligibility Script
XXXXXXXXXXXX

[This script will be used by the study coordinator when contacting parents of students to let them know if their child has qualified for the study or not.]

Introduction

- Hello, my name is _____ and I am coordinating the study related to reading instruction for students with Down syndrome for which your child was recently tested. I am calling you to discuss your child's test performance.
- Is this a good time?
 - *If No: Reschedule*
 - *If Yes: Continue*
- Great. I want to talk to you about the tests your child worked on with us, let you know if your child qualified for the study or not, and give you a chance to ask any questions you have. If your child did qualify and you would still like them to receive tutoring, I will tell you the steps involved.

Test Results

- As a reminder, there are several criteria a child must meet in order to participate in this study. I am going to tell you these individually and then indicate if we believe your child meets each one. If you have questions as I go along, just let me know.
- *(Read each qualifier and the description written below it for the individual child based on the assessment results.)*

(a) A child with Down syndrome between the ages of 7 and 16.

Your child DOES or DOES NOT meet this criterion.

Notes:

(b) Able to participate in two 30-minute periods of one-on-one instruction 5 days

per week. Students with severe behavior problems or very poor attention will not be included as they are unlikely to benefit from the tutoring.

Your child DOES or DOES NOT meet this criterion.

Notes:

(c) Able to hear and see well enough to benefit from typical classroom instruction.

Your child DOES or DOES NOT meet this criterion.

Notes:

(d) Able to articulate speech well enough for an adult unfamiliar with the child to understand what he or she is saying. Students who use sign language or augmentative communication devices as their primary form of communication will not qualify.

Your child DOES or DOES NOT meet this criterion.

Notes:

(e) At minimum, a very beginning reader with some basic skills (such as knowing letter names or letter sounds) who would benefit from an elementary-level reading intervention. Students reading up to a beginning second grade level will be considered. Our screening assessment will help us decide if the student is likely to benefit from our intervention.

Your child DOES or DOES NOT meet this criterion. On our reading tests, your child was able to correctly say ___ letter sounds and ___ words.

Notes:

(f) A native speaker of English.

Your child DOES or DOES NOT meet this criterion.

Notes:

- So, based on all of this information, your child DOES or DOES NOT qualify to participate in our study.
- *If DOES:* Since he or she does qualify, I would like to confirm with you that you would still like for your child to participate in the tutoring.
 - (*Circle:* Yes or No | Date: _____ | Initials: _____)
 - *If Yes:* Great! The next thing I will do is contact your child's teacher to arrange a tutoring schedule. We hope the tutoring will start on: DATE. I will call you again before we start to let you know when the tutoring will start. Do you have any questions at this time? (*Answer.*) Thank you very much, and, remember, you may contact me at any time if you have questions or concerns.
- *If DOES NOT:* Based on this information, we do not feel that our reading intervention would be appropriate for your child at this time.
 - Our main reason is:
 - If you are interested in participating in other research for students with Down syndrome, I can provide you with a web site. Would you like this? (*If so, <http://kc.vanderbilt.edu/studyfinder/>*)
 - Do you have any questions about this decision? (*Answer*)
 - Thank you very much for allowing your child to be considered. If you have any questions about the study in the future, feel free to contact me.

Principal Investigator: XXXXXXXXXXXX
Study Title: XXXXXXXXXXXX
Institution/Hospital: Peabody College of Vanderbilt University

Version Date: XXXXXX

COMPLETE DURING PHONE CALL:

Person Called:

Contact Number:

Child's Name:

Date / Time:

Person Making Contact:

Notes:

SAMPLE