

Principal Investigator: XXXXXXXXXX
Study Title: XXXXXXXXXX
Institution/Hospital: Vanderbilt University

Version Date: XXXXXX

Date: _____

Dear First-Grade Teacher:

I am a faculty member at Vanderbilt University. This year, I am doing a research project at your school. This project has 2 purposes. The first purpose is to figure out ways to identify, early in first grade, children who are likely to become good readers versus children who are likely to develop reading problems. The second purpose is to determine whether tutoring can help children who may develop reading problems become better readers.

We would like you to participate in this project. First, we would ask you to allow us to send consent forms home with your students to request parent permission for children's involvement in the project. We would provide your entire class with a reward of stickers or pencils if 90% of students return the consent forms, 'whether or not parents agree to have their child participate. Additionally, you would be asked to schedule assessments and tutoring during the year.

Second, you would release each student for whom we have parental permission for a 30-minute test session. These tests ask children to name letters and sounds, to read words, to explain what words mean, and to complete puzzles. A graduate student who is a research assistant on this project and is experienced in working with first-grade children would administer the tests. From these tests, we will identify two groups of children to continue participating in the study: a group of children who look like they **will not** develop reading difficulties and a group of children who look like they **may** develop reading difficulties.

For all students selected to continue participating in the study (including children who look like they **will not** develop reading difficulties and children who look like they **may** develop reading difficulties), the following activities will occur.

First, you would complete 2 forms on each child: a form that tells the child's date of birth, sex, race, whether he/she receives reduced or free lunch, English language learner status, whether he/she has been retained, and whether he/she receives special education services and a form that describes how well the child pays attention in class. These forms take 10 minutes per child. We would also ask you to complete a 2-minute form describing your own demographics.

Second, in the fall, the same research assistant would administer additional tests. In one 1-hour test session, the research assistant would teach 3 reading skills to the child in order to figure out how much help the child needs to learn new reading skills. Also, in 2 60-minute sessions, the research assistant would administer tests that ask the child to answer questions about – stories he/she hears, to name letters and numbers, to answer questions about sounds in words he/she hears, to read words, to read stories and answer questions about stories, to answer math problems, to spell and write words, and to remember words that are spoken. Also, 6 times in the fall, each time for 5 minutes, this research assistant would again ask the child to read words.

Date of IRB Approval: XXXXXX

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At the end of the year in first grade, a research assistant would test the child again, each year during one 45-minute session. The tests ask children to read words, to read stories and answer questions about those stories, to answer math problems, and to spell words.

For students who look like they **will not** develop reading difficulties, the research assistant would also assess the child's reading progress once each month, each time for 5 minutes, by asking him/her to read words.

For students who look like they **may** develop reading difficulties, some children will continue to receive their standard classroom reading instruction plus small-group reading tutoring. Others will continue to receive their standard classroom reading instruction without added small-group reading tutoring. To determine whether a child receives tutoring, we would pick names out of a hat. Tutoring would occur 3 times per week, 45 minutes each time, for 17 weeks and would be conducted by a graduate student who is experienced in working with children. Sessions would be scheduled with you and would take place during the regular school day. We would work with you to schedule tutoring so the child does not miss important class time. Tutoring will include activities such as learning letters, sounds, and sight words, breaking words down, and reading sentences and stories. During tutoring, the research assistant would also assess the child's reading progress once each week, each time for 5 minutes, by asking him/her to read words.

For all children, we would watch for signs that the child does not wish to participate (like crying or uncooperative behavior). If we observe this on two separate occasions, we would no longer include the child in the study, and we would let you and the parent know.

Also, we would provide you with the results of the reading, math, spelling, and writing tests for each child to help you plan your instruction.

This project has the potential to help children in two ways: by providing you with academic testing information to help you plan your teaching program and by providing some children who look like they may develop reading problems with tutoring to help them become better readers. We see no risk associated with you or your students' participation. A possible inconvenience is time spent in completing surveys and scheduling assessment and tutoring sessions.

You would receive \$125 for your participation that involves completing forms and helping to schedule testing sessions and tutoring sessions.

Only you, the parent (if he/she requests information), and the research staff will have access to the children's test scores. No information or scores will be added to any permanent school records. Additionally, reports will not identify any individual or school. Names will be removed from the tests and replaced with identification numbers. Research records will be stored indefinitely in locked files at Vanderbilt University. Efforts will be made to keep the personal information in your students' research records private and confidential but absolute confidentiality cannot be guaranteed. Information may be shared with institutional/governmental authorities if required by law.

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If you would like additional information, please call us at XXX-XXXX. Also, if you have any general questions about giving consent or about your rights as a participant in this study, you may call Vanderbilt University's Institutional Review Board at 322-2918. Finally, please understand that your participation is voluntary and you may withdraw at any time by calling me at the number above.

If you decide not to participate, please understand that no negative consequences will occur. If you agree to participate, please complete the form at the end of this letter and return it with this letter. We are also providing you with a copy of this letter for your files. Thank you very much.

Sincerely,

XXXXXXXXXX
Assistant Professor

CONSENT FORM

I, _____, agree to participate in this study.
(name)

I understand that my participation is voluntary and that I may withdraw from the study at any time.

Signature

Date

School