**Consent Form A**

**Caminitos: Pathways to School Success for Families and Children**

**Title: Caminitos: Pathways to School Success for Families and Children IRB Approval Number:**

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You and your child are being asked to be a part of a research study because your child attends the Pre-K program at Hernandez Elementary School in the San Marcos Consolidated Independent School District. This consent form provides you with a great deal of information about the study, and it is possible for you to just sign the consent form and return it to your child’s teacher. However, if you want more information or just to talk to one of the researchers, we will be available at the ending of the school days for August 30-September 2, 2010.Your participation is voluntary. You can refuse to participate, and/or drop out of the study at any time. To do so, simply tell a researcher you wish to drop out. You can refuse to answer any questions for any reason. Your refusal will not impact current or future relationships with Texas State University, Hernandez School, or Head Start. A copy of the consent form for your records is included in your packet. This research is funded by Texas State University, Hernandez Elementary School, Head Start, and the Kenedy Foundation.

**The purpose of this study** is to facilitate the educational success of Pre-K children in the San Marcos public schools. The approach for doing this is through a parenting education program in which parents will be actively involved. They will participate in planning the topics to be covered, e.g., literacy, and then participating in the informative part of the program, which will be called Parent and Child Fun Night. Specific content areas that will be discussed in a group forum will include how to be an effective advocate for your child within the school system and how to assist your child in learning math and literacy skills in ways that work best for young children. Information on children’s nutrition and physical well-being will be included, too. Parent representatives from participating classrooms will also have input in deciding on other topics to be discussed. While parents are participating in the informative sessions, children will be involved in planned and supervised group activities for young children that also relate to the topics selected for the project, e.g., learning math skills through play.

**If you agree to be in this study**: You will be asked to complete a demographic form including information about your child (e.g., favorite types of play, eating habits, TV viewing habits), your family (e.g., number of children, number of adults in household), and you (e.g., your education, and employment). You will be asked to keep track of the math/literacy activities you participate in with your child (e.g., reading a book) and the school (e.g., attending Parent and Child Fun Night) for the duration of the project. Also, you will be asked to complete three short forms (the Parent Behavior Checklist [PBC], 32 items, The Bi-dimensional Acculturation Scale for Hispanics [BASH], 24 items, and a Parental Self-Efficacy measure [PSE], 33 items). Examples of items for each of these measures include the following:

* (I can) help my child get good grades in school. (PSE)
* My child should be quiet when I’m on the phone. (PBC)
* How well do you speak Spanish? (BASH)

All of these forms will be done at the beginning and the ending of the project. You will receive a $20 gift certificate each time you complete all the required forms, i.e., the first and last sessions of the project. You will also receive a $5 gift card for each session you attend.

We will request assessments from Hernandez School and Head Start, which are regularly completed as part of your child’s Pre-K experience. These assessments are conducted by the school or Head Start and involve all children enrolled in these programs, i.e.,the Preschool Behavior Checklist, Hernandez Preschool Checklist, Preschool First, and Texas Primary Reading Inventory. We will also obtain information regarding your child’s height and weight. (Please see below for confidentiality safeguards.)

**It will take you about 60 minutes to complete the forms**. The forms will be collected at the initial and final sessions of the project.

**Schools will benefit from your being in the study.** Schools will learn how to help parents be involved in their child’s school experience.

**Benefit to Subjects:** Parents will receive support for increasing their involvement in the school system (and classroom) as an advocate for their child. Parents will also gain information related to enhancing their child’s math and literacy skills through home-based activities. The child’s skills in math and literacy will be enhanced through this parental involvement. Parents will also learn how to promote healthy nutrition and physical well-being for their child. A Toy Lending Library will be available to parents who participate in the project and their Pre-K child. It includes a variety of educational toys and books selected specifically for Pre-K children. These materials will assist children in learning math and language skills.

**We do not anticipate any increased risks associated with participating in this study.** At the time that you are participating in the Parent/Child Fun Nights, your Pre-K child will also be at the school participating in activities that are fun and educational for her/him, e.g., learning the names and colors of fruits and vegetables, pretending to buy these foods at the store, cleaning and cooking them, and then, finally eating the foods. Children’s activities will also include physical fitness games. Any time children are engaged in physical activity, there is a chance of minor hurts, e.g., scraping a knee. A first aid kit will be kept on site for tending to minor hurts that may occur. Project staff will always be with your child while you are participating in the informational segment of the Parent and Child Fun Night.

You may tell us at any time if you decide to drop out of the study. You can refuse to answer any questions. There will be no problems with Hernandez School or Head Start if you decide to drop out of the study. There will be no problems with Texas State University if you decide to drop out of the study. (Please see below for confidentiality safeguards.) Please call Dr. Jon Lasser, Internal Review Board Chairperson, or Ms. Becky Northcutt, Administrator of the Office of Sponsored Projects, if you have questions or concerns. Their phone numbers are 512-245-3413 and 512 245-2102, respectively.

**Confidentiality and Privacy Protections:**

Both you and your child will be given a number and ONLY that number will be listed on the forms. We will not use your name or your child’s name on any forms. All forms will be kept in a locked file cabinet in the Family and Consumer Sciences Building for 10 years. The forms will be shredded after 10 years. Only the researchers will know what name goes with what number. The consent form you sign will be kept in a separate, locked file cabinet. No information that could identify you or your child will be provided to Hernandez school or Head Start. No information that will make it possible to identify you or your child will be published. The researchers will notify you of new information that may affect your decision to remain in the study. A summary of study findings will be provided to you at your request.

**Contacts and Questions:**

If you have any question about the study please feel free to ask. If you have questions or wish to drop out please call the researchers conducting the study. Their names, phone numbers, and e-mail addresses are at the top of the form.

**You will be given a copy of this information to keep for your records.**

**Statement of Consent:**

I have read the above information. I understand the above information. I consent, and give my child consent to participate in the study.

Parent Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print)

Child’s name: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print)

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person obtaining consent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of investigator