

Multi-level determinants of implementation and sustainment in the
education sector

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Dear Caregiver:

My name is Maureen Conroy and I am studying the BEST in CLASS program. BEST in CLASS is a program designed to promote the emotional and mental wellbeing of teachers and students by helping teachers with behavioral and instructional classroom management strategies. The purpose of the BEST in CLASS study is to see if there are benefits of using the BEST in CLASS program to add support for teachers in elementary schools. We think that using the BEST in CLASS program this way will help make the classroom a more positive place for learning.

Your child's teacher has suggested that their classroom and your child might be a good fit for our program. This program may or may not help your child directly, but the study will help us understand how BEST in CLASS can help teachers support their students' academic, social skills, and positive behaviors in the classroom. This study will last for most of the school year.

You and your child are being invited to participate in a research study. This study is funded by the National Institute of Mental Health. It is important that you carefully think about whether being in this study is right for you and your situation. You and your child's participation is voluntary. You may decide not to participate in this study. If you do participate, you may withdraw from the study at any time. Your decision not to take part or to withdraw will involve no penalty of loss of benefits to which you are otherwise entitled.

This form is meant to assist you in thinking about whether or not you and your child will want to be in the BEST in CLASS study. Please read, or have someone read this document to you. Please ask the investigator to explain information in the form that is not clear to you.

I would like to ask your permission to have your child participate in the study this school year. If you grant permission:

- First, your child's teacher will fill out a short questionnaire about your child's experience in the classroom to determine if your child is a good fit with BEST in CLASS. If your child is a good fit we'll move on to the next step.
- Next, if your child is age 7 or older, we will visit with your child to see if they agree to be in the study. If your child is under 7 years old, your permission will be enough to be in the study.
- Then, we will let you know if your child will be participating or not. Here's what will happen if your child participates:

- Your child will sit down with a BEST in CLASS team member for a short reading and math knowledge check.
- BEST in CLASS team members will also observe children's behaviors and teachers' use of teaching practices in the classroom.
- We will ask you to fill out a short survey at the beginning of the school year. This survey will ask demographic questions about you and your child, such as race, age, education, and income. This survey will be sent home with your child or you will be emailed an electronic link to complete these surveys online. We will ask you to return this survey to us by sending it to school in your child's backpack, giving it directly to your child's teacher, or completing the survey online.
- Last, we will ask your child's school for information on your child's attendance. We will also ask your child's teacher to complete surveys about their teaching practices, beliefs, and their classroom.

Participation is voluntary and you can remove permission for you and your child to participate anytime without consequences. If you choose to withdraw participation, we will ask you if we may use any data collected up until that point. There are no consequences if you decline.

We do not anticipate that your participation or your child's participation would cause any discomfort. If for any reason you are not comfortable with the study, please let any of the study staff know and we will discuss the situation with you, directly. A possible risk to being in this study is having you or your child's information seen by someone outside of the study. Your names will not be kept on any forms. We will replace their name with a number. A list connecting the number to your names will be kept in a protected document on a secure computer in our study office. Only group information, not individual information, will be shared when we give results of the study. Additionally, no individual or classroom data will be reported back to the school. The research team will only provide aggregate (summarized) data to the school. Whether or not you and your child participates, it will not change your child's placement in any school programs and will not be on your child's school record. Also, you or your child may refuse to answer any questions that make you or your child feel uncomfortable. It is important to note that this study involves working with children and therefore if we learn about current or ongoing child abuse or neglect we are required by law to report this to local law authorities. Finally, there may not be immediate benefits to you or your child.

We will not tell anyone the answers your child gives us; however, information from the study, information from the classroom, and the consent form signed by you may be looked at or copied for research or legal purposes by the sponsor of the research or by University of Florida or Virginia Commonwealth University (our study partner). What we find from this study may be presented at meetings or published in papers, but your child's name will not ever be used in these presentations or papers. In the future, the data about your child could be used for other research studies conducted by this study team or other researchers without asking you for additional consent. In the case this occurs, identifiable data, (information linking your child's identity with the study) will not be shared with other research teams.

If you have any questions about this study or would like to learn more about it, please contact me at:

Maureen Conroy, Ph.D.
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Questions or concerns about your rights as a research participant may be directed to the IRB office at University of Florida (IRB02 office, University of Florida, Box 112250, Gainesville, FL 32611, (352) 392-0433) or Virginia Commonwealth University (VCU Office of Research, 800 East Leigh Street, Suite 3000, Box 980568, Richmond, VA 23298, (804) 828-0868).

A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Website will include a summary of the results. You can search this Web site at any time.

PERMISSION

Instructions: To give permission, please check the appropriate box and complete the first two lines below. *Your signature means that you have had a chance to read this form, understand the information about this study, have had all of your questions answered, and are willing to let your child participate.*

☐ **I give permission for myself and my child to participate in BEST in CLASS**

Child's First Name, Child's Middle Name, Child's Last Name

Parent/Legal Guardian's Name	Parent/Legal Guardian's Signature	Date
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Person Conducting Informed Consent Discussion/Witness Signature	Date (if applicable)
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Principal Investigator Signature (if different from above) Signature	Date
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