

Official Title:	Families, Children and Teachers Thriving Together
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Study Number:	s19-00707
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Families, Children and Teachers Thriving Together
Parent and Child Consent Form

1. Title of research study and general information.

Study title: Families, Children and Teachers Thriving Together
Study number: s19-00707 (NYU) and 2719 (NYC DOE)
IRB of Record: New York University School of Medicine IRB

Participation duration: Families will participate for 2 years, twice in pre-K and once in Kindergarten.
Anticipated total number of participants: 3,400 pre-K families

2. Researchers' contact information.

Principal Investigator: Dr. Laurie Brotman & Jeff Kitrosser
Phone Number: 646-754-5213 & 212-287-0888
Email Address: ThrivingTogether@nyulangone.org

3. What information is on this form?

This form explains why we are doing this study and what you and your child will be asked to do if you choose to be part of this study. It also describes how we would like to use and share information for the purposes of the study. If you have any questions about this form or this research study, please ask the NYU study team. Your and your child's participation are voluntary. You do not have to participate if you do not want to. If you decide to take part in this study, you must complete this form. We will give you a copy of this form to keep.

4. Why is this study being done?

The Center for Early Childhood Health and Development (CEHD) at NYU is partnering with the NYC Department of Education on a research study to learn how to help make pre-K as strong as possible for children and families. We are doing this study to understand how resources for pre-K programs can help children thrive. The resources include professional development for pre-K teachers and principals and a program for families called ParentCorps. Some schools in the study have ParentCorps and some do not.

5. Who is being included?

We invite all pre-K families at your child's school and 80 other schools through NYC to participate in this study. All pre-K families at 81 schools (about 3,400) are invited to participate in this study. You are being asked to participate in this study because your child is attending pre-K in one of these schools. Families from other schools are not invited. At this time, we are only able to do the study activities in English or Spanish, so you must speak English or Spanish to participate.

6. What will I be asked to do if I choose to be in this study?

We are asking you and your child to participate in activities and surveys until the end of Kindergarten.

Your child's participation: With your permission, your child would participate in activities to see how they are learning and developing (please see last page). The NYU study team will complete activities with your child at school during the school day. This will take about 45 minutes each year, once during the Spring of pre-K and once during the Spring of Kindergarten. The activities are games on a tablet, like an iPad, that measure children's attention, memory, and learning about words and feelings. During the activities, the NYU team will also observe your child's behavior and in pre-K we will measure your child's height and weight. Additionally, in the Fall and the Spring of pre-K and in the Spring of Kindergarten, your child's teacher will complete brief surveys about your child's learning, feelings and behavior at school.

Your participation: We invite you to share about your experiences as a pre-K parent, your parenting and well-being, and your child's feelings and behavior at home. We will ask you survey questions over the phone. The survey will take about 1 hour in the Fall of pre-K and again in the Spring of pre-K. If you prefer, we can schedule a time to meet with you in person at your child's school. We *may* also contact you when your child is in Kindergarten to invite you to complete a third survey. If you agree to participate, we are also asking you to respond to a few questions about yourself and your child today (please see last page).

Your child's records: With your permission below, the NYC Department of Education will release the following records to the NYU study team as your child moves up from pre-K through fifth grade: the name of your child's school, attendance at school, grades, standardized test scores, and type of educational services provided by the school (that is, if your child is an English Language Learner, speaks another language, receives any special education services or has an Individualized Education Plan), height, weight, physical fitness and demographic information, such as your child's gender, date of birth, race, language spoken at home, whether your child receives free or reduced lunch, and information about the neighborhood in which you live, including zip code (but not your street address). The NYU study team will also receive scores from a screening completed by your child's teacher at the beginning of pre-K which provides information about your child's learning and development.

Your consent to release of student records:

I, (Parent Name), am the parent/guardian of
(Child Name), who attends a New York City Public School
in 2019-2020. The school he/she is attending is: (Name of School). The
student is under the age of 18.

____ **(initial)** **YES**, I give consent to the New York City Department of Education to release my child's student records as detailed above to the NYU study team. I agree to release these records for the purpose of this study.

____ **(initial)** **NO**, I do not give consent to release my child's student records to the NYU study team.

Signature

Date

Your family's direct contact with the NYU study team will be over at the end of your child's Kindergarten year. With your permission (if you marked YES above), the NYU study team will collect information directly from the NYC Department of Education until the end of your child's fifth grade year.

7. Are there any risks?

There may be risks or discomforts if you take part in this study. You and your child may feel uncomfortable answering questions. You or your child can skip questions or stop the activities at any time. Another risk is the possibility of a loss of confidentiality or privacy. Loss of privacy means having your personal information shared with someone who is not on the study team and was not supposed to see or know your information. The study team plans to protect your privacy. We describe these plans for keeping your information private below in section 9 of this consent form. It is possible that new information becomes available that might lead you to change your mind about being in the study. If this happens, we will share this information with you.

8. Are there any benefits?

There are no direct benefits to you or your child. By participating, you are helping improve resources to make pre-K as strong as possible in the future.

9. What about my privacy?

We will make every effort to keep your personal information confidential. However, we cannot guarantee total privacy. All forms with your name and personal information will be stored in a locked file cabinet. We will provide a code number for the responses that you and your child provide, and we will separate this information from your names and any other information that could identify you or your child. We will keep the file that links your name to the code number in a password-protected database accessible only to select NYU study staff members. We will never use your name or your child's name or other personal information in any written reports or presentations.

All information collected for this study may be used and shared by the NYU study team. Only the NYU study team may look at, copy, use, and share the information about you and your child described in this form. The NYU and NYC DOE Institutional Review Boards and the Office for Human Research Protections may also review your research record. We will never share your information with your child's school, or the NYC Department of Education. There is one exception: if there is concern about serious harm to your child, the law mandates us to report that information.

Signing this form is voluntary. You do not have to give permission for the NYU study team to use and share your information. If you do not sign this form, you and your child will not be able to participate in the study. **On the checklist below**, please indicate if you would permit the NYU study team to store and/or share your information and your child's information collected for this study (without your name, phone number, address or any other identifiable information) for future research. Please check all that apply:

_____ **(initial)** **YES**, I agree to allow my information to be stored for future research by the NYU study team.

_____ **(initial)** **YES**, I agree to allow my information to be shared for future research with other researchers.

_____ **(initial)** **NO**, I do not agree to allow my information to be stored or shared for future research.

You can change your mind and take back your permission for the NYU team to use your information at any time and for any reason. To withdraw your permission, write or email Dr. Brotman or Mr. Kitrosser using the contact information above. If you withdraw your permission, you will not be able to stay in this study. If you withdraw, we will not be able to take back information that we have already used (for presentations or publications) or shared with others, but we will not use or share any information from that time forward. Your permission to use the information collected as part of this study will never expire unless you withdraw it.

10. Will I get paid or be given anything to take part in this study?

Your child will receive a book if you sign and return this form, regardless of whether you decide to participate in the study (by checking “Yes” or “No” below). We will send you a \$25 gift card each time you complete a survey. In total, we will send you gift cards totaling \$75 if you complete all three surveys. We will not pay you for your child’s participation during school hours.

11. Will I incur costs if I take part in this study?

It will not cost you anything to participate in this study.

12. What are my rights if I take part in this study?

This study will end when your child completes fifth grade. Taking part in this study is your choice. You can decide not to take part or stop being in the study at any time. Your decision will not affect your child’s experience in school in any way.

13. Who can I call if I have questions?

You may call Dr. Brotman at (646) 754-5213 or Mr. Kitrosser at (212) 287-0777, or email ThrivingTogether@nyulangone.org if you have any questions or concerns about this research study. If you have any questions about your rights as a research participant, or if you have a concern about this study, you may contact the Institutional Review Boards (IRB) at NYU or the NYC DOE.

Institutional Review Board
NYU School of Medicine
One Park Avenue, 6th Floor
New York, NY 10016
Telephone: (212) 263-4110

Institutional Review Board
New York City Department of Education
52 Chambers Street, Room 310
New York, NY 10007
Telephone: (212) 374-3913 Mazar@schools.nyc.gov

14. Statement of consent and signatures

When you complete the information on this page, this means that you have read the consent form, we answered your questions, and you have decided if you want you and your child to participate. You can choose to take part in any or all parts of this study. When you check “YES” and sign this form, you are agreeing to take part in the study as described above. By signing this consent form, you have not given up any legal rights that you would have if you were not a participant in this study. Please keep a copy of this consent form for your records.

Your Child's Participation:

☐ **YES**, I give consent for my child to participate in activities during the school day in pre-K and Kindergarten, and for my child's Pre-K and Kindergarten teachers to complete brief surveys.

☐ **NO**, I do not give consent for my child to participate in any part of this study.

Your Participation:

☐ **YES**, I give consent to participate in surveys.

☐ **NO**, I do not give consent to participate in surveys.

Please complete:

Pre-K Child's Name: _____

Pre-K Child's Date of Birth: _____ / _____ / _____

Your Child's School: _____

Borough of your Child's School: _____

Pre-K Teacher Name: _____

Parent/Guardian's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____