



Evaluation Opt-Out Information for the Child Signature Program

Dear Parent or Guardian:

Your child's classroom has been selected to take part in a new preschool program from First 5 California. We want to make your child's classroom even better.

To make sure that our program works, we will need to collect information about children, teachers, and classrooms. We want to know more about what children need to grow and learn in preschool and how to make classrooms even better.

Teachers will collect information about how your child grows and learns and they will share that information with us. Teachers will observe the children during the normal school day. Your child will not have to do anything extra or different. Researchers will visit your child's school and take notes about how teachers and students work together in classrooms and how classrooms are organized.

You will be asked to answer some questions about how you feel about your child's school in a survey toward the end of the school year.

What does it mean to participate?

Your child will not be asked to do anything extra or different. They will just do what they usually do every day at school. They will not have to take extra tests or do any extra work. You will be asked to answer a few questions about your child's school, but you will not be required to do so.

Each school day, your child's teacher will observe all the children in the classroom. The teacher will take notes about how your child changes and learns, something they already do every day. Re se a rche rs wil l visit yo u r child's sch o o l a n d ta ke n o te s ab o u t h o w t e a c h e r s a n d s t u d e n t s w o r k t o g e t h e r i n c l a s s r o o m s a n d h o w c l a s s r o o m s a r e o r g a n i z e d . This information will help us find out what your child needs to grow and learn in school and how to make the school even better.

First 5 California will not collect any information that can identify you or your child during this evaluation. Your child's teacher will know your name and your child's name, but we will not. We do not need this information to evaluate the program.

You can restrict use of evaluation data related to you or your child (opt-out) at any time by filling out and submitting the opt-out form that is part of this document.

What does it mean to opt-out?

For your child:

If you choose to opt-out, this means that assessment data related to your child can only be used for official government reports. For example, if you opt-out, data collected about your child by First 5 California cannot be shared with academic researchers.

For yourself, as a parent or guardian:

If you opt-out of the evaluation, you will not be asked to fill out the survey at the end of the school year.

Whether you or your child opt-out, your child can still participate in the preschool program. The teacher will still observe and take notes about how your child grows and learns, and researchers will still observe how the children and the teacher work together in the classroom and about how the classroom is organized.

If you have any questions, you can call Robert Dean at (916) 263-1021, or email him at rdean@ccfc.ca.gov

If you don't want to opt-out, you don't have to do anything. Just keep the forms in case you have questions later.

Human Subjects Rights and Contact Information

You and your child have rights as research subjects. Attached is a copy of the Research Subjects Bill of Rights for you to keep.

If you have any questions or concerns about your rights as research subjects, you can contact the state Committee for the Protection of Human Subjects at (916) 326-3660 or email them at cphs-mail@oshpd.ca.gov

If you DO NOT want to allow your child's information to be used beyond First 5 California government reports, or if you DO NOT want to participate in a parent survey, please fill out this form and return it to your child's teacher. Check one or both options.

Child Signature Program Opt-Out Form (Parent/Guardian)

I have received information about the research study. The process is clear to me and my questions have been answered satisfactorily.

As a parent or legal guardian, I **do NOT** give permission for assessment information about _____ to be used beyond First 5 California government reports.
(Name of child)

As a parent or legal guardian, I **do NOT** want to answer a Parent Survey as part of this research.

PRINT NAME OF PARENT/Legal Guardian: _____

SIGNATURE OF PARENT/Legal Guardian: _____

DATE: _____

Local Evaluator: Please provide the following information before remitting to First 5 California:

County: _____

Site Name/ID: _____

Classroom Name/ID: _____

Keep a copy of this document for your records and send the original to:

Attn: Robert Dean
 First 5 California, Results and Evaluation Division
 2389 Gateway Oaks Drive, Suite 260
 Sacramento, CA 95833