[Enter Investigator name or department] would like to conduct a study of the effectiveness of EBooks (EBooks are read through the internet.). The study will be on all kindergarten students in the \_\_\_\_\_\_ Parish School.

**The purpose of the study**

is to help educators to test the use of Electronic Books in order to help all students with reading comprehension. Specifically, if researchers can identify at-risk reading students as early as kindergarten, many problems in education, as well as in society, can be eliminated or minimized. Your child’s participation is very important for the researchers to provide accurate results in the study.

**The researchers of this study are members**

of the [Enter Investigator name or department].

**Employees of \_\_\_\_\_\_ Parish School System are not members of the research team. The teachers will not be asked for any individual assessments of any children. No group or individual results be reported to any employee of the \_\_\_\_\_ Parish School System.**

**Participation in this study**

is voluntary;

does not affect any part of your child’s curriculum or classification;

can be ended at any time;

is of no monetary benefit; and

will help to produce effective means of teaching reading.

**The purpose of this consent form is to ask for your written permission for your child to participate in the following parts of the research**:

During the study, the researchers

will observe all students for possible at-risk behavior with regard to reading. During the study, the observations will not involve any contact with your child.

**These observations cannot and will not be used to diagnose or to identify any student**;

will use one single genetic marker, which in the future may help to identify learning problems in students and

will ask to obtain from your child (only with your child’s agreement) a cotton-swab sample of saliva from a cheek for the genetic marker test;

**This one genetic marker cannot and will not be used to diagnose or to identify any student;**

will ask you to share this personal information concerning you and your child, which will be **anonymous** in the study findings:

name, ethnicity, gender, free/reduced lunch;

will ask to see and to use (**anonymously**) your child’s test results from pre-literacy assessments, which are done three times a year;

will ask to see and to use (**anonymously**) the results from questions answered by your child, which are asked by the eBook program.

**What is done with the information is a serious concern to parents. The following statements should answer your questions about privacy:**

all research information with names will **be destroyed** and will be recorded anonymously, used and stored (five years);

all students will be grouped in the study and not studied individually;

all research information will be used only by the [Enter Investigator name or department]. in order to produce the study results and to publish the results of the study.

**If you have questions before you sign the consent form,**

the research team will provide someone to explain each part of the study to you.

**If you have questions before, during or after the research, you may contact**

Dr. \_\_\_\_\_\_, Study Leader

Picard Center 337-482-####

\_\_\_\_\_\_\_\_\_@Louisiana.edu

**If you have questions about your child’s rights as a participant, you may contact**

Dr. David Yarborough, Chairman

Institutional Review Board

337-482-1015

IRB@Louisiana.edu

**Parental or Guardian Consent Form**

**to participate in the following study:**

[Enter Investigator name or department] would like to conduct a study of the effectiveness of EBooks (EBooks are read through the internet.). The study will be on all kindergarten students in \_\_\_\_\_ parish schools.

The purpose of this consent form is to ask for your written permission for your child to participate in the following actions of the researchers:

**During the study the researchers**

will observe all students for possible at-risk behavior with regard to reading. During the study, the observations will not involve any contact your child.

**These observations cannot and will not be used to diagnose or to identify any student**;

will use one single genetic marker, which in the future may help to identify learning problems in students and

will ask to obtain from your child (only with child’s agreement) a cotton-swab sample of saliva from cheek for genetic marker test;

**This one genetic marker cannot and will not be used to diagnose or to identify any student;**

will ask you to share this personal information concerning you and your child, which will be **anonymous** in the study findings:

name, ethnicity, gender, free/reduced lunch;

will ask to see and to use (**anonymously)** your child’s test results from pre-literacy assessments, which are done three times a year;

will ask to see and to use (**anonymously)** the results from questions answered by your child, which are asked by the Book program.

By signing this form, I agree to my child’s participation in the \_\_\_\_\_\_ Study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent(s) or guardian(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of parent(s) or guardian(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of researcher who consulted with parent(s) or guardian(s), if applicable