



## Parental Opt Out Form for the Early Supports for Student Success Project

Complete, sign, and return if you do **NOT** want your child to participate.

### Description of the Research and your Child's Participation

Your child's school will be participating in a program called *Early Supports for Student Success* (ESSS), focusing on how your child's teachers find and help struggling students. During this project, teachers at your child's school may be taught new teaming and problem solving strategies that can help them find and assist students with academic, social, and/or behavioral needs. The program will also employ trained helping professionals to provide one-to-one student supports, as needed. If your child is referred for individual help, we will contact you to request permission. To understand the impact of this program, researchers at East Carolina University hope to collect data for as many students as possible, including self-report rating scales from the students themselves. The results will tell the researchers how well the program improves student services and how cost-effective these efforts are when compared to typical services. If you do not opt out of this study, your child will be one of about 1,272 participants in North Carolina and South Carolina.

### Risks and Discomforts

All students will continue to receive the same support services normally provided, but potentially with better coordination and tracking. ESSS does not involve untested or experimental interventions. As a result, this study poses only "minimal risk" to participants, as determined by the independent reviewers responsible for ensuring safe research at ECU (Institutional Review Board; UMCIRB 21-001728).

### Potential Benefits

It is hoped that ESSS will strengthen student support services, ensuring that students who need help receive it. Such improvements might lead to better student academic performance, grades, and discipline. It is also hoped that teachers will benefit from new teaming and problem-solving strategies that inspire them after the project ends in 2025.

### Confidentiality

Some parents might worry about their child's information being used for research purposes. To protect against this discomfort, *we will do everything we can to protect your child's privacy*. All identifying information about your child (e.g., name, identification numbers) will be removed from the research records provided to ECU researchers. Only authorized staff in your child's school will have the information needed to identify your child's records. Three years after the study ends (June 2028), these records will be deleted so that it will be impossible for anyone to identify your child's research record from that point forward. When researchers publish the results, individual students will not be identified.

### Voluntary Participation

Allowing your child's data to be used in the research on the ESSS is voluntary. You may refuse to allow your child to participate or withdraw your child from the study at any time. Your child will not receive any negative consequences should you decide not to allow your child to participate or withdraw your child from any aspect of this study.

### Contact Information

The people conducting this study will be able to answer any questions, now or in the future. You may contact the Project Coordinator, Allison Dembowski, at [dembowskia22@ecu.edu](mailto:dembowskia22@ecu.edu) or 252-328-1377, or the Principal Investigator, Dr. Brandon Schultz, at 252-737-4956 (business days, 9:00am-5:00pm). If you have questions about your child's rights as someone taking part in research, you may call the University and Medical Center Institutional Review Board at phone number 252-744-2914 (business days, 8:00am-5:00pm). If you would like to report a complaint or concern about this research study, you may call the Director of Human Research Protections, at 252-744-2914.

## Early Supports for Student Success (ESSS) Opt Out Form

If you do NOT want your child's information included in the ESSS study, complete and sign this "opt-out" form and return to your child's teacher. If you do not opt out of the study, you are consenting to your child's data being included in the results.

As the parent/guardian of \_\_\_\_\_  
Please PRINT your child's name here

**I have read this parental permission form and have been given the opportunity to ask questions. I do NOT agree to allow my child to participate in this research.**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note.* If at any time in the future if you no longer want your child to participate in this research, you can submit a request in writing to your child's teacher. The research team will be able to use any and all information collected before your written request to remove your child's data from this research.