

Dear Parent:

Greetings from the Human Development Department at Virginia Tech! I am a researcher doing a study of how different home and daycare experiences affect children's development of social, language and memory skills. We will be working with four year olds in several different TAP Head Start Centers and would like to invite you and your child to participate. This study involves you filling out four forms that ask about your relationships with your family and friends, how you have been feeling lately, and your child's daycare experiences. In addition, this study involves one fifteen-minute session with your child while he/she is at Head Start. We will be playing two memory games and one word game with him/her. The games are fun and we believe your child will have a good time playing them with us. Finally, your child's teacher will be asked to fill out two forms about your child's behavior in the preschool classroom.

Please read the parent permission form which is attached. If you are interested in participating, I will be at the XXXXXXXX Center on **Wednesday, February 4th** from **2:30 – 5:30 pm** to answer any questions you might have and to help you fill out the parent forms. You will be able to fill them out on your own or I will be available to help you with them if you prefer. If it is easier for you, I can send the forms and permission slip home to you for you to complete and return. In order for your child to participate, we will need the permission form signed by you, as well as your completed forms. After we have your signed permission, we will tell your child about the study and ask if he/she would like to participate. You will receive a \$5 gift card from Wal-Mart in appreciation for the time you spend completing our forms.

If you are interested in participating, please fill out the bottom of this form and return it to your child's teacher, or stop by my table when. If you have any questions, please feel free to contact us: (540) 231-7602 or papero@vt.edu. Thank you for your interest and support of our research project!

Sincerely,

Anna L. Papero
Graduate Student

Martha Ann Bell, PhD
Associate Professor of Psychology

Andy Stremmel, PhD
Associate Professor of Human Development

Yes, I am interested in participating in this project. I will stop by on Wednesday, February 4th when you are at my child's center to fill out the forms.

Yes, I am interested in participating in this project. Please send the permission form and questionnaires home for me to fill out and return to you.

Your Name _____ Child's Name _____

Child's Teacher _____ Center XXXXXXXX

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
Informed Consent Form

Title of Project: “ Developmental Outcome in Preschoolers”

Investigators: Anna L. Papero, Martha Ann Bell, PhD, Andy Stremmel, PhD

I. Purpose of this Research

You and your child have been invited to be a part of a research study looking at different factors that affect a child’s development. What we learn from this study will help us better understand how children with different home and daycare experiences develop social, language and memory skills. We hope to have 50 children and parents from the TAP program help us with this project.

II. Procedures

This is a three part study:

Part 1 of this study will involve you completing three forms as they are read to you and answering two short questions about your child’s previous childcare. Two of the forms will ask you questions about your relationships with your family and friends. The third form will ask you questions about how you have been feeling lately.

Part 2 of the study involves one 15- minute session with your child while your child is at preschool/daycare. We will play 3 games with your child in one of the rooms at the Center. Two of these games are memory games that require your child to “remember the rules,” much like playing Simon Says. In our games we will ask your child to do the opposite of what they probably think they should do. For example, in Game 1 we will ask your child to say “day” when shown a nighttime picture and “night” when shown a daytime picture. For Game 2, we will ask your child to say “yes” when the experimenter shakes her head no and “no” when the experimenter nods her head yes. Game 3 is a word game that we will play with your child. Your child will point to the picture that matches the words we say. We want to know what kinds of words preschool children understand.

Part 3 of this study involves your child’s teacher filling out two forms about your child’s interactions and behavior in the preschool classroom.

III. Risks

There are no more than minimal risks for you or your child.

IV. Benefits of This Research

There are no personal benefits for you or your child being in this study. However, by being a part of this research, you and your child will help us learn more about factors that affect a child’s development in early childhood. When we are done with the study, we will send you a letter telling you about what was learned from this research.

V. Extent of Anonymity and Confidentiality

Information about your child’s game playing will be labeled by code number, not by your child’s name. In addition, your child’s name will be removed from the forms completed by the teacher and replaced by code number. The forms that you complete will also only be identified by the same code number. Information linking child name and code number will be kept in a file and locked in a file drawer. Only Dr. Bell, Dr. Stremmel and Ms. Papero will be able to see this file. None of the information provided by you during this study will be viewed or received by your child’s teacher or any other employee of TAP Head Start.

VI. Compensation

You will be compensated with a \$5 gift card to Walmart for your participation in this study. In addition, we believe your child will find our games fun to play.

VII. Freedom to Withdraw

Your child may decide that he or she does not want to be a part of this research study while we are playing games. If this is the case, we will stop playing the games and take your child back to the classroom. In addition, you may choose to withdraw from the study at any point in time.

VIII. Approval of Research

This research project has been approved, as required, by the Institutional Review Board for Research Involving Human Subjects at Virginia Polytechnic Institute and State University, by the Department of Human Development at Virginia Tech, and by the Psychology Department at Virginia Tech.

IX. Parent’s Responsibility

I voluntarily agree to participate in this study. In addition, I voluntarily agree for my child to participate in this study.

X. Parent’s Permission

I have read, or have had read to me, this Informed Consent Form. I have had all my questions answered. I provide my permission for my child’s participation in this project, and also indicate my consent for my own participation in the study. I understand that either I or my child may withdraw from participation in the study, and in doing so, we will not be penalized, as my child is entitled to the standard services provided by TAP Head Start.

I understand that I will be given a copy of this consent form.

Parent’s Signature

Date

Child’s name

Should I have any questions about this study, I may contact:

- 1) Anna Papero, B.A.
Investigator, Graduate Student in Human Development, 231-7602
- 2) Martha Ann Bell, PhD
Investigator, Associate Professor of Psychology, 231-2546
- 3) Andy Stremmel, PhD
Investigator, Associate Professor of Human Development, 231-4671
- 4) Joyce Arditti, PhD
Chair, Human Development Department Human Subjects Committee, 231-5758
- 5) Dave Harrison, PhD
Chair, Psychology Department Human Subjects Committee, 231-4422
- 6) Dr. David Moore
Chair, IRB, CVM Phase II, 231-4991

Parent and Childcare Information Form

Before coming to TAP Head Start, did your child have any care providers (other than you) who cared for your child for 15 hours or longer each week? Examples might include grandparents, other family members, neighbors, friends, or day care centers. If so, please list them and their relationship to you below:

1) _____

2) _____

3) _____

4) _____

5) _____

My child's birthday is (month/ day/ year): _____

My child began attending Head Start/Early Head Start in: _____
Month/ Year

I identify myself as:

____ Hispanic ____ Non-Hispanic

I describe myself as:

____ Asian American ____ African-American ____ Caucasian

____ Pacific Islander ____ Native American ____ Other

I have completed:

____ Elementary School ____ Eighth Grade ____ High School

____ Technical School ____ Community College ____ College

____ Graduate School

CES-D

Appendix G

(Center for Epidemiological Studies- Depression Scale)

The following questions concern how you've been feeling lately. For each question, please indicate how often you've felt that way during the past week. The choices are:

- 1= Rarely or none of the time (less than a day)
- 2= Some or little of the time (1-2 days)
- 3= Occasionally or a moderate amount of the time (3-4 days)
- 4= Most of the time (5-7 days)

	Less Than 1 day	1-2 days	3-4 days	5-7 days
1. I was bothered by things that don't usually bother me.	1	2	3	4
2. I did not feel like eating, my appetite was poor.	1	2	3	4
3. I felt I could not shake the blues even with help from my family or friends.	1	2	3	4
4. I felt that I was just as good as other people.	1	2	3	4
5. I had trouble keeping my mind on what I was doing.	1	2	3	4
6. I felt depressed.	1	2	3	4
7. I felt that everything I did was an effort.	1	2	3	4
8. I felt hopeful about the future.	1	2	3	4
9. I thought my life has been a failure.	1	2	3	4
10. I felt fearful.	1	2	3	4
11. My sleep was restless.	1	2	3	4
12. I was happy.	1	2	3	4
13. I talked less than usual.	1	2	3	4
14. I felt lonely.	1	2	3	4
15. People were unfriendly.	1	2	3	4
16. I enjoyed life.	1	2	3	4
17. I had crying spells.	1	2	3	4
18. I felt sad.	1	2	3	4
19. I felt like people disliked me.	1	2	3	4
20. I could not get along.	1	2	3	4

PSS-FA

(Procidano & Heller, 1983)

Directions: The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with families. For each statement there are three possible answers: **Yes, No, Don't Know**. Please circle the answer you choose for each item.

1. My family gives me the moral support I need.	Yes	No	Don't Know
2. I get good ideas about how to do things or make things from my family.	Yes	No	Don't Know
3. Most other people are closer to their family than I am.	Yes	No	Don't Know
4. I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.	Yes	No	Don't Know
5. My family enjoys hearing about what I think.	Yes	No	Don't Know
6. Members of my family share many of my interests.	Yes	No	Don't Know
7. Certain members of my family come to me when they have problems or need advice.	Yes	No	Don't Know
8. I rely on my family for emotional support.	Yes	No	Don't Know
9. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.	Yes	No	Don't Know
10. My family and I are very open about what we think about things.	Yes	No	Don't Know
11. My family is sensitive to my personal needs.	Yes	No	Don't Know
12. Members of my family come to me for emotional support.	Yes	No	Don't Know
13. Members of my family are good at helping me solve problems.	Yes	No	Don't Know
14. I have a deep sharing relationship with a number of members of my family.	Yes	No	Don't Know
15. Members of my family get good ideas about how to do things or make things from me.	Yes	No	Don't Know
16. When I confide in members of my family, it makes me uncomfortable.	Yes	No	Don't Know
17. Members of my family seek me out for companionship.	Yes	No	Don't Know
18. I think that my family feels that I'm good at helping them solve problems.	Yes	No	Don't Know
19. I don't have a relationship with a member of my family that is as close as other people's relationship with family members.	Yes	No	Don't Know
20. I wish my family were much different.	Yes	No	Don't Know

PSS-FR

Appendix I

(Procidano & Heller, 1983)

Directions: The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with friends. For each statement there are three possible answers: **Yes, No, Don't Know**. Please circle the answer you choose for each item.

1. My friends give me the moral support I need.	Yes	No	Don't Know
2. Most other people are closer to their friends than I am.	Yes	No	Don't Know
3. My friends enjoy hearing about what I think.	Yes	No	Don't Know
4. Certain friends come to me when they have problems or need advice.	Yes	No	Don't Know
5. I rely on my friends for emotional support.	Yes	No	Don't Know
6. If I felt that one or more of my friends were upset with me, I'd just keep it to myself.	Yes	No	Don't Know
7. I feel that I'm on the fringe in my circle of friends.	Yes	No	Don't Know
8. There is a friend I could go to if I were just feeling down, without feeling funny about it later.	Yes	No	Don't Know
9. My friends and I are very open about what we think about things.	Yes	No	Don't Know
10. My friends are sensitive to my personal needs.	Yes	No	Don't Know
11. My friends come to me for emotional support.	Yes	No	Don't Know
12. My friends are good at helping me solve problems.	Yes	No	Don't Know
13. I have a deep sharing relationship with a number of friends.	Yes	No	Don't Know
14. My friends get good ideas about how to do things or make things from me.	Yes	No	Don't Know
15. When I confide in friends, it makes me feel uncomfortable.	Yes	No	Don't Know
16. My friends seek me out for companionship.	Yes	No	Don't Know
17. I think that my friends feel that I'm good at helping them solve problems.	Yes	No	Don't Know
18. I don't have a relationship with a friend that is as intimate as other people's relationships with friends.	Yes	No	Don't Know
19. I've recently gotten a good idea about how to do something from a friend.	Yes	No	Don't Know
20. I wish my friends were much different.	Yes	No	Don't Know

VIRGINIA POLYTECHNIC AND STATE UNIVERSITY
Child Assent Form

Title of Project: Developmental Outcome in Preschoolers
Investigators: Anna L. Papero, Martha Ann Bell, Andy Stremmel, PhD

Explanation of Research to Child

We're going to play some games for a little while today. In a couple of games, we're going to look at pictures and in one of the games you are going to watch me shake or nod my head. If at any time you decide you want to stop playing these games, just tell me, and I'll be happy to take you back to your classroom.

Asking for Child's Verbal Assent

Are you ready to play? Shall we get the games ready?

Witness Affirmation

The child verbally agreed to participate in this research study. I understand that the parent will receive a copy of this consent form.

Child's Name

Signature of Witness

Date

Teacher’s Child Report Form- Social Skills

(United States Department of Health and Human Services, 2001)

SOCIAL SKILLS

Please describe this child according to how often he/she has behaved in the following ways during the past month, from “never,” to “sometimes” to “very often.” For each item, circle only one code.

	Never	Sometimes	Very Often
1. Follows the teacher’s directions	1	2	3
2. Makes friends easily	1	2	3
3. Does not get upset when teased by classmates	1	2	3
4. Joins an ongoing activity or group without being told to do so	1	2	3
5. Invites others to join in activities	1	2	3
6. Waits her or his turn in games or other activities	1	2	3
7. Helps in putting work materials or center property away	1	2	3
8. Gives compliments to classmates	1	2	3
9. Says nice things about herself or himself when appropriate	1	2	3
10. Follows the rules when playing games with others	1	2	3
11. Uses free time in acceptable ways	1	2	3
12. Accepts classmates’ ideas for sharing and playing	1	2	3

Teacher's Child Report Form- Classroom Conduct

(United States Department of Health and Human Services, 2001)

Please describe this child according to how true each of these statements has been during the past month, from “not true” to “sometimes true” to “very true or often true.” For each item, circle only one code.

	<u>Not true</u>	Somewhat or sometimes true	Very true or Often true
1. Acts too young for his or her age	1	2	3
2. Can't concentrate, can't pay attention for long	1	2	3
3. Disobeys rules or requests	1	2	3
4. Disrupts ongoing activities	1	2	3
5. Hard to understand what he or she is saying	1	2	3
6. Hits or fights with others	1	2	3
7. Keeps to herself or himself; tends to withdraw	1	2	3
8. Lacks confidence in learning new things or trying new activities	1	2	3
9. Is nervous, high-strung, or tense	1	2	3
10. Is very restless, fidgets all the time, can't sit still	1	2	3
11. Often seems sleepy or tired in class	1	2	3
12. Has temper tantrums or hot temper	1	2	3
13. Often seems unhappy, sad, or depressed	1	2	3
14. Worries about things for a long time	1	2	3

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
Teacher Consent Form

Title of Project: “ Developmental Outcome in Preschoolers ”

Investigator: Anna L. Papero, Martha Ann Bell, PhD, Andy Stremmel, PhD

I. Purpose of this Research

Preschool children from the TAP Head Start Program and their mothers have been invited to be a part of a research study looking at different factors that affect a child’s development. Approval for this research has been granted through the TAP Head Start Administrative Offices. You are being invited to help with the study because there are participating children in your classroom. What we learn from this study will help us better understand how children with different home and daycare experiences develop social, language and memory skills. We hope to have 50 children and parents from the TAP program participate in this project.

II. Procedures

This is a three part study:

Part 1 of this study will involve the mother completing three forms and answering a questionnaire about her child’s previous childcare.

Part 2 of the study involves one 15- minute session with each child while he/she is at preschool/daycare. We will play 2 games with each child in one of the rooms at the Center. These games are memory games that require the child to “remember the rules,” much like playing Simon Says. In addition, each child will be given the Peabody Picture Vocabulary Test- III. These sessions will be scheduled with you in order to minimize any possible classroom disruption.

Part 3 of this study involves you, the teacher, filling out two forms about each child’s social interactions and behavior in the preschool classroom.

III. Risks

There are no more than minimal risks for you, the mothers, and the children in the study.

IV. Benefits of This Research

By being a part of this research, you will help us learn more about factors that affect a child’s development in early childhood. When we are done with the study, we will send you a letter telling you about what was learned from this research.

V. Extent of Anonymity and Confidentiality

All information on mothers and children will be confidential. Mothers’ and children’s names will be removed from the forms completed by you and replaced by a code number. The forms completed by the mothers will be marked by the same code number. Information linking child name and code number will be kept in a file and locked in a file drawer. Only Dr. Bell, Dr. Stremmel and Ms. Papero will be able to see this file. You will not have access to any information provided to us by mothers in the study, nor will they have any access to information provided by you regarding their child.

VI. Compensation

You will be compensated with one payment, \$25 total, for your assistance in completing the assessment forms (related to each participating child’s social interactions and behavior in the preschool classroom) for all of the

children enrolled in the study. This payment is for completion of all forms for all of the child participants, and is not provided on a per-child basis.

VII. Freedom to Withdraw

Each child may decide that he or she does not want to be a part of this research study while we are playing games. If this is the case, we will stop playing the games and take the child back to the classroom.

In addition, you, the teacher, may choose at any point to not be a part of the data collection process. It is your choice whether or not to complete the forms on participating children in your classroom. Participation in this research project is not a requirement of your job, and there will be no penalty should you choose not to participate or choose to withdraw from the study at any time.

VIII. Approval of Research

This research project has been approved, as required, by the Institutional Review Board for Research Involving Human Subjects at Virginia Polytechnic Institute and State University, by the Department of Human Development at Virginia Tech, and by the Psychology Department at Virginia Tech.

IX. Teacher’s Responsibility

I voluntarily agree to participate in this study and to provide the information regarding participating children’s social behavior as requested on the Social Skills and Classroom Conduct Scales. In addition, I agree to allow the researcher to pull participating children from my classroom at agreed upon times to play the three games specified in Part 2 of this study.

X. Teacher’s Permission

I have read this Informed Consent Form. I have had all my questions answered. I give my voluntary consent to participate in this project by providing information on participating children and allowing the researcher access to children in my classroom for the purposes stated in this informed consent form. I understand that I may decide to not participate in this study at any time without penalty.

I understand that I will be given a copy of this consent form.

Teacher’s Signature

Date

Center

Should I have any questions about this study, I may contact:

- 7) Anna Papero, B.A.
Investigator, Graduate Student in Human Development, 231-7602
- 8) Martha Ann Bell, PhD
Investigator, Associate Professor of Psychology, 231-2546
- 9) Andy Stremmel, PhD
Investigator, Associate Professor of Human Development, 231-4671
- 10) Joyce Arditti, PhD
Chair, Human Development Department Human Subjects Committee, 231-5758
- 11) Dave Harrison, PhD
Chair, Psychology Department Human Subjects Committee, 231-4422
- 12) Dr. David Moore
Chair, IRB, CVM Phase II, 231-4991