



**Division of Education | Department of Educational and Community Programs**  
**Special Education**

November 1, 2012

Dear Parent/Guardian,

I am a project director in the Department of Educational and Community Programs at Queens College, City University of New York. This year, I am doing a project in the schools. We would like to learn how to better identify the support children need to succeed in school and their daily lives.

- Your teacher would like to help me in this project by completing the *Supports Intensity Scale for Children* to learn more about your child's support needs. Your child's teacher may ask to interview you. It is not necessary that you agree to do so. Your child will not be asked to participate in any way. Your child's schedule at school will not be affected in any way.
- Your consent to allow us to complete the assessment with your child is voluntary. You can later change your mind and decide to withdraw your child from this study. All you need to do is call or email me or tell your child's teacher. There will be no penalty.
- We see no risk associated with your child's participation. All data will be stored on paper in a locked cabinet. All data will be labeled by an ID number rather than name. Data will be destroyed 3 years after the study ends. Only myself and other project staff will have access to the data.
- A benefit of participation is that the results of this assessment may be useful in planning for your child in the future. We may learn more about your child's support needs by completing the assessment.

If you would like more information, please call me at **(917) 280-2264** (cell) or **(718) 997-5360** (office) or email me at [carolyn.hughes@qc.cuny.edu](mailto:carolyn.hughes@qc.cuny.edu). You may also contact the Human Research Protections Program (HRPP) IRB at Queens College at 718-997-5415 (email: [qcorc@qc.cuny.edu](mailto:qcorc@qc.cuny.edu)).

**Please complete the form on the next page and return it with your child to your child's classroom. Thank you very much.**

Sincerely,

A handwritten signature in black ink that reads "Carolyn Hughes".

Carolyn Hughes, Ph.D.  
Supports Intensity Project

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CONSENT FORM

**Please check one of the following choices:**

\_\_\_\_ **YES**, I give permission for my child, \_\_\_\_\_,  
(Print Child's Name)

to participate in this project. I understand that my child's participation is voluntary and that he/she may withdraw from the project at any time by contacting Carolyn Hughes.

\_\_\_\_ **NO**, I do not wish for my child to participate in this project.

\_\_\_\_\_  
(Print Child's Name)

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
School

\_\_\_\_\_  
Parent/Guardian Phone Number

\_\_\_\_\_  
Teacher