



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

November 1, 2012

Dear Teacher,

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 develop a new assessment called the *Support Intensity Scale (SIS) for Children*. Developing an assessment that measures children's support needs is important to the field of special education and in developing IEPs. We would like you to take part because you teach special education students.

I am asking for your participation in this project. I will ask you to:

1. Identify children in your class ages 5 to 16 who receive services for intellectual and developmental disabilities. I will ask you to send home consent forms to the parents of the children you identified.
2. Read the instructions on the assessment. Attend a 45-minute training session in which I will describe the purpose of the *SIS for Children*, why we are conducting a field test, and how you can become involved. The training session will occur during a non-instructional time either after school or at an in-service.
3. Identify at least two respondents who you will interview to get information for the *SIS for Children* for at least one child in your class who has parent consent. You can interview the respondents together or separately. You can be one of the respondents.
4. Complete the *SIS for Children* by following the instructions.
5. Send the completed assessments to me. (Address on Compensation Form.) I will check to see that the assessments are complete. For each completed assessment, you will be paid \$50. You can complete more than one assessment.

Each assessment should take approximately 45 minutes in addition to the one-time 45-minute training session. This is the only time required for your participation and will be outside your instructional time. Your class schedule will not be interrupted. Your participation in this study is voluntary. If you choose not to participate or withdraw from the study at any time, there will be no penalty. You just need to email me at carolyn.hughes@qc.cuny.edu or call me at (718) 997-5360 (office) or (917) 280-2264 (cell). We will remove all information that you have provided.

There are no known risks associated with your participation in the study. All data will be stored on paper in a locked cabinet and 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. If the study is published or presented at a professional conference, no identifiers will be included.

A possible benefit to you is that the assessment may be useful in planning for your students in the future. The *SIS for Children* is intended to identify the support needs of children.

If you consent to participate in this project, please sign the form below. You can contact me at **(718) 997-5360** or **(917) 280-2264** or email me at carolyn.hughes@qc.cuny.edu if you have any questions or concerns. You may also contact the Human Research Protections Program (HRPP) at Queens College at (718) 997-5415 (email: qcorc@qu.cuny.edu).

Sincerely,

Carolyn Hughes, Ph.D.
Project Director

CONSENT FORM

I, _____, agree to participate in this study. I
(Print Name)

Understand that my participation is voluntary and that I may withdraw at any time.

Signature

Date

Contact information:

School: _____

Email: _____

Phone: _____