



# FORT HAYS STATE UNIVERSITY

*Forward thinking. World ready.*

Dear Parents/Guardians,

Enclosed are the enrollment and student information forms for the literacy tutoring program provided through the FHSU Literacy Institute in Partnership with Hays Masonic Lodge 195. Informal literacy assessments will be administered to determine individual strengths and weaknesses of each student enrolled in the program. Appropriate interventions will be designed to address the needs of each student.

The collaborative focus of the program is to provide assistance to the public schools in rural communities, while arranging for authentic experiences for the university students enrolled in Literacy Assessment and Interventions. A FHSU undergraduate teacher candidate involved in specialized coursework in literacy assessment will conduct nine weeks of one-hour tutoring sessions two days a week. ***It is important that your child attends all sessions!***

Please complete the enrollment forms and answer the following questions as accurately and fully as you can. The information you provide will assist us in working with your child. **Return these forms to your child's tutor.** We look forward to working together to support the literacy development of your child.

Your Partner in Education,

*Dr. Sarah Broman Miller*

Sarah Broman Miller, Ph.D.  
FHSU Virtual Literacy Institute Director  
Fort Hays State University  
Department of Teacher Education  
[sebmiller@fhsu.edu](mailto:sebmiller@fhsu.edu)

## HOUSEHOLD DEMOGRAPHIC INFORMATION

This form should be completed by the child's parents/guardians.

**1. What is your relationship to the child receiving tutoring services?**

**2. Is there internet access at home?**

**3. Does the child receiving tutoring services have access to a computer in order to use tutoring software?**

**4. How many days a week can you commit to helping your child use tutoring software?**

Circle one.

three days

two days

one day

I can't commit.

**5. Approximately how many books are in the home? Circle one.**

less than 20

20 – 50

50 – 100

100 – 200

more than 200

**6. Aside from school library books and textbooks, how many books does the child receiving tutoring services have at home? Circle one.**

many

a small amount

none

**7. What is the highest degree or level of school the child's mother/guardian has completed? Circle one.**

Less than a high school diploma High school degree or equivalent

Bachelor's degree (e.g. BA, BS) Master's degree (e.g. MA, MS, MEd)

Doctorate (e.g. PhD, EdD)

Other (please specify) \_\_\_\_\_

**8. What is the highest degree or level of school the child's father/guardian has completed? Circle one.**

Less than a high school diploma High school degree or equivalent

Bachelor's degree (e.g. BA, BS) Master's degree (e.g. MA, MS, MEd)

Doctorate (e.g. PhD, EdD)

Other (please specify) \_\_\_\_\_

**9. What is the household income? Circle one.**

Below \$10k

\$10k – \$50k

\$50k – \$100k

\$100k - \$150k

Over \$150k

## STUDENT INFORMATION

Name of parent/guardian and Relationship to Child:

Child's Name:

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Ethnicity (optional) \_\_\_\_\_

Language Spoken at Home:

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell /Work Phone: \_\_\_\_\_

E-mail:

Current School:

Grade:

Teacher's Name:

Has the student ever repeated a grade? If yes, which grade?

Has the student ever been tested for learning difficulties? If yes, when and where?

Is the student currently on an IEP?

If yes, do you have copies of the IEP?

If the student is reading below grade level, at which grade level are they reading?

### Medical History

Has the student experienced hearing, vision, or speech difficulties or been diagnosed with a physical, cognitive, or mental health condition such as ADHD, ear infections/tubes, asthma, autism spectrum, etc? If yes, please describe.

If yes, diagnosed when and by whom?

Does the student take medication on a regular basis? If so, what medications?

Was there any unusual/significant issues during pregnancy/delivery, early childhood development, etc? History of trauma? If yes, please describe.

Is there a family history of learning difficulties?

Any other medical information you feel would be helpful?

### **Academic Background**

Have you or current/previous teachers, had concerns about performance in any of the following areas? Circle all that apply.

Reading skills                      Comprehension Writing Anxiety/Depression

Memory/Retaining Information      Organizational Issues                      Failing Grades

Other                      None

When were the previous concerns identified and by whom?

### **Interest Information:**

What types of books or other reading material does your child enjoy reading? Who is your child's favorite author?

What kind of activities such as hobbies or favorite games does your child enjoy outside of school?

**CHILD ASSENT FORM**

**FOR PARTICIPATION IN RESEARCH CONDUCTED BY**

**SARAH BROMAN MILLER, PH.D. AND JANETT M. NAYLOR, PH.D.**

**UNDER THE AUSPICES OF FORT HAYS STATE UNIVERSITY**

You are being asked to participate in a study being done by Dr. Sarah Broman Miller and Dr. Janett Naylor Tincknell. This study is about how we can use a tutoring program and software to improve your reading.

Taking part in this study will involve you completing a fluency assessment at the beginning and end of tutoring. You'll be asked to complete the first fluency assessment called DIBELS during the first week of tutoring and again during the last. Each time will take about 5 minutes. You can stop the assessment at any time.

There are no risks from being in this study. Your answers will be completely private. Your name isn't on the assessment, only a number. No information about your assessment will be given to other kids.

I, \_\_\_\_\_ understand that I will be taking a DIBELS fluency assessment and that it will be used in research. I also understand that my parents/caregivers said it is okay for me to do this. I don't have to participate if I don't want to.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NAME OF THE STUDY:** Implementation of a structured literacy tutoring program and its impact on student and pre-service teacher learning

### **INTRODUCTION**

The Department of Teacher Education at Fort Hays State University supports the practice of protection for human subjects participating in research. Your child is being asked to participate in a research study. It is your choice whether or not to allow them to participate. The following information is provided for you to decide whether you wish to allow your child to participate in the present study. You may refuse to sign this form and not permit your child to participate in this study. You should be aware that even if you agree to allow your child to participate, you are free to withdraw them at any time. If you do withdraw your child from this study, it will not affect your relationship with the FHSU Literacy Institute, the services it may provide to you, or Fort Hays State University.

### **PURPOSE OF THE STUDY**

Overall, the purpose of the current study is to investigate the impact Reading Horizons tutoring method and software has on student reading achievement in a literacy tutoring program.

### **PROCEDURES**

If you are interested in participating after reading through this consent form, you will be asked to sign one copy of the consent form to turn in and given a second copy for your records. As a reminder, participation is voluntary and you may stop participating at any time. You will be asked to complete a questionnaire regarding your child's reading along with any academic and/or medical information that might be related to your child's academic progress. You must complete this intake form which is part of the enrollment packet for the free literacy tutoring. If you consent to allow your child to take part in this study, the information on the intake form will be collected and used by researchers. If you do not give consent, the intake forms will be used by the literacy tutors only.

Your child's participation in this study will consist of the researchers collecting pre and post literacy assessment scores given in the first and final weeks of the free literacy tutoring. No identifiers, such as your child's name, will be associated with the scores once they are collected as part of the data collection process. Once all literacy assessment scores have been collected, the researchers will give you a debriefing statement, and you will be given a chance to ask any questions you may have about the study. If you decide to allow your child to participate in this research study, you will be asked to sign this consent form after you have had all of your questions answered and understand your child's role in this study. The length of time of your child's participation in this study is approximately 18 hours over nine weeks. Approximately 60 participants will be in this study.

### **RISKS**

We anticipate minimal risks from participating in this study. However, if you or your child feel distressed at all by permitting researchers to collect your child's literacy assessment data and intake form, please let the researcher know. Participation is voluntary and you may decide to stop your child's participation in this study at any time. Also, if there are questions on the intake form that make you feel uncomfortable and/or would prefer not to answer, please skip over these questions.

### **BENEFITS**

Your child and community may benefit from the experience of participating in research in the form of continued access to the free literacy tutoring services and software provided by funding associated with this research. The field of literacy education may also benefit from your child's participation as the

literature tries to understand if using literacy software in a tutoring program has an impact on student academic achievement.

### **PARTICIPANT CONFIDENTIALITY (HOW WILL PRIVACY BE PROTECTED)**

Your child's name will not be associated in any publication or presentation with the literacy assessment data collected or with the research findings from this study. Instead, the researcher(s) will use a study number or a pseudonym rather than your child's name. Your child's identifiable information will not be shared unless (a) it is required by law or university policy, or (b) you give written permission. Intake form data and literacy assessment scores will be entered into a computer program and stored for 5 years, after which time the data will be deleted. Your child's name will not be associated with the data.

### **OTHER IMPORTANT ITEMS YOU SHOULD KNOW**

- **Withdrawal from the study:** You may choose to stop your child's participation in this study at any time. Your decision to stop your child's participation will have no effect on their relationship with the Fort Hays State University Literacy Institute.
- **Funding:** Two sources of funding are related to this research project. An undergraduate research grant in the amount of \$5,000 was awarded to the researchers to purchase laptops for the literacy institute and provide scholarships to the undergraduate researchers. Additionally, the Kansas Masonic Foundation/Hays Masonic Lodge 195 has partnered with the FHSU Literacy Institute to purchase the literacy tutoring software used as part of the free literacy tutoring your child receives. This funding is approximately a \$15,500 annual gift and will be renewed if the software is proven to have a positive impact on student achievement.

### **REFUSAL TO SIGN CONSENT AND AUTHORIZATION**

You are not required to sign this Consent and Authorization form and you may refuse to do so without affecting your child's right to any services they are receiving or may receive from Fort Hays State University or to participate in any programs or events of Fort Hays State University. However, if you refuse to sign, your child cannot participate in this study.

### **CANCELLING THIS CONSENT AND AUTHORIZATION**

You may withdraw your consent to allow your child to participate in this study at any time. You also have the right to cancel your permission to use and disclose further information collected about your child, in writing, at any time, by sending your written request to the researchers listed at the end of this form. If you cancel permission to use your child's information, the researchers will stop collecting additional information about your child. However, the research team may use and disclose information that was gathered before they received your cancellation, as described above.

### **QUESTIONS ABOUT PARTICIPATION**

Questions about procedures should be directed to the researchers listed at the end of this consent form.

### **PARTICIPANT CERTIFICATION:**

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received

answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call (785) 628-4349, write the Office of Scholarship and Sponsored Projects (OSSP), Fort Hays State University, 600 Park St., Hays, Kansas 67601, or email [irb@fhsu.edu](mailto:irb@fhsu.edu).

I agree to allow my child to take part in this study as a research participant. By my signature I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form.

---

Type/Print Participant's Name

Date

---

Parent/Guardian Signature

**RESEARCHER CONTACT INFORMATION:**

Sarah Broman Miller, Ph.D.  
Principle Investigator  
Department of Teacher Education  
600 Park St.  
Fort Hays State University  
Hays, KS 67601  
(785) 628-4683  
[sebmiller@fhsu.edu](mailto:sebmiller@fhsu.edu)

Janett Naylor-Tincknell, Ph.D.  
Co-Investigator  
Department of Psychology  
600 Park St.  
Fort Hays State University  
Hays, KS 67601  
(785) 628-4000  
[jmnaylor@fhsu.edu](mailto:jmnaylor@fhsu.edu)



## **PHOTO RELEASE FORM**

### **PERMISSION TO USE PHOTOGRAPHS**

I grant the FHSU Literacy Institute permission to take photographs of me in connection to literacy tutoring and any literacy events during the school year. I agree that the FHSU Literacy Institute may use such photographs for any lawful purpose such as publicity and web content. I have read and understand the above:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

### **PERMISSION TO VIDEO TUTORING SESSIONS**

I grant the FHSU Literacy Institute permission to video me in connection to literacy tutoring. I understand that video recordings will be used for educational purposes only and will not be shared with anyone other than those affiliated with the FHSU Literacy Institute such as my tutor and the literacy institute director.

I have read and understand the above:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_