

## Consent to Participate in the Statewide Evaluation of First 5 California

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First 5 funds programs to help children enter kindergarten healthy and ready for school. The information from this study will help First 5 learn which programs are best. It will help us improve all programs. You/your child are invited to be in this study because you/your child are receiving First 5 services. Being in the study is not required. If you do not wish to be in the study, you/your child will continue to receive all First 5 services.

**Procedures.** If you agree to be in the study, we will ask you questions about the growth and behavior of your child and possibly questions about the pregnancy. If you/your child continue in First 5 programs, and you agree, we may follow up with similar questions. For this study, we will not ask you questions about alcohol/drug use or any arrests or convictions.

As part of this study, we may observe your child. If we are going to do this, we will tell you now, before you sign this form.

**Benefits.** There are no direct benefits to you/your child for being in the study. Your information may help us improve First 5 programs.

**Risks.** There is a very small risk for you/your child to be in the study. Someone could learn that you/your child are in the study. But First 5 has very strict requirements on keeping what you tell us private. Only authorized persons will have access to what you tell us. Your name and personal information will never be used in reports. However, if it seems that you/your child may be harmed, we must take action so that this will not happen.

**Questions.** If you have questions regarding the study, you may contact **Gayle Pitt at (916) 263-1050, via email at [evaluation@ccfc.ca.gov](mailto:evaluation@ccfc.ca.gov) or at the above mailing address.** If you have any questions about your rights being in this study, you may contact the Committee for the Protection of Human Subjects at (916) 653-0176.

**Participation.** You/your child can still receive all First 5 services if you don't want to be in the study. When we ask questions, you don't have to answer any question that you don't want to answer. You can stop being in the study at any time and still receive all First 5 Services. You can fill out a form asking that you stop being in the study and your data will be erased. You may request this form from the organization where you receive services.

**Research Bill of Rights.** Attached is a copy of the Research Bill of Rights for you to keep.

I agree to be in this study. I have had my questions answered about being in this study.

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

\_\_\_\_\_  
Date

Name of Child (1) \_\_\_\_\_

Name of Child (2) \_\_\_\_\_

Name of Child (3) \_\_\_\_\_