Agreement to Participate in a Research Study

As the authorized official of ____________________________________ [name of center], I am agreeing to the participation of this school in the study titled “Strengthening Teacher Capacity to Address Challenging Behaviors and Promote Social and Emotional Well-Being” under the direction of Dr. Chin Reyes.

I have been given a full description of the project and have reviewed the following items:

- Random assignment into intervention and wait-list control groups
- Project partnership with Ohio’s ECMHC services
- 3 waves of data collection activities that include classroom observations, child assessments, and online surveys

I understand that teachers will be asked to perform the following functions:

- Distribute parent consent forms of selected children in their classrooms. (A class roster will be requested where Yale will randomly select 2 children in addition to the child/ren that prompted the request for ECMHC services.)
- Work with ECMHC consultants in standard-of-care services and utilize resources if assigned to the intervention group
- Participate in data collection activities (classroom observations and online surveys) across three waves of data collection.

I understand I will be provided with a report on the outcome of the study upon completion of the final report. My center will also receive $100 for participating in the study.

I understand that I will not be provided with any information that individually identifies staff and their responses.

I understand that I may withdraw the center’s participation at any time.

If I have any questions about this research study, I may contact Dr. Chin Reyes at 203.432.8710 (or chin.reyes@yale.edu).

If I have any concerns about the conduct of this study I can contact the Human Subjects Committee at 203-785-4688, human.subjects@yale.edu. [IRB Protocol # 2000022355]

Name authorized official: ________________________________

Title: ________________________________

Phone: ________________________________

Signature ________________________________
Alternate school contact for routine study administration issues: 

Title: 

Phone: 