



October, 2016

Dear Parent or Guardian,

As a participant in the AIM Institute Integrated Literacy Model (ILM), funded by the School District of Philadelphia (SDP), your child is being asked to take part in a study to understand how well the program works and how it could be made better. Metis Associates was hired by SDP to conduct this study, which will continue through August 31, 2018.

With your permission, we will collect information about your child from SDP and/or your child's school, including demographics (such as gender, race, and grade level) and academic results.

All data will be kept secure and confidential, which means private. All findings will be reported for all students together; individuals and individual responses will never be identified, nor will information that could lead to the identification of any student.

Participation in this study is voluntary, which means your child does not have to participate if you do not want him or her to. There are no risks from being in this evaluation. Your child can decide not to participate in the study at any point. If your child decides not to participate, he or she can still receive ILM services. We hope that your child will participate in the evaluation so that the schools can make the ILM program better over time. **You do not need to return this form if you approve of your child's participation.** If you do not approve of your child's participation, please fill out the form at the bottom of this letter and return it to your child's school.

If you wish to receive additional information about the study, please contact me at [rclarke@metisassoc.com](mailto:rclarke@metisassoc.com) or 212-425-8833. If you have questions about the rights of human subjects related to this evaluation, please contact Michael Scuello at [mscuello@metisassoc.com](mailto:mscuello@metisassoc.com) or 212-425-8833. Thank you very much for your assistance.

Sincerely,  
Ryan Clarke  
Senior Research Associate

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If you do not approve of your child's participation in the ILM evaluation, please check the box below and return to your child's school.

**I do not approve**—My child may not participate in the ILM study.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_