

CONSENT FORM
City of Seattle PPVT-4 Project
Project Coordinator Contact: Tabitha Beaupain (206) 779-4027

Dear Family,

Your child's early learning center is working in partnership with Seattle Early Education collaborative, whose purpose is helping children get ready to succeed in kindergarten and beyond. In an effort to evaluate how programs are doing, students in participating classes will be screened using the Peabody Picture Vocabulary Tests (PPVT-4) at the beginning and at the end of the program year. The PPVT-4 takes about 15 minutes and measures children knowledge of English vocabulary. Children are shown four pictures while the PPVT-4 examiner says a single word. Children then point to which picture they think represents the word spoken by examiner. PPVT-4 will take place during the regular program day.

Results of the PPVT-4 will be shared with your child's individual center after the completion of testing. We will not be analyzing how well individual children do compared to any other individual child. **The information gathered will be confidential.**

Information gathered from the PPVT-4 will be used to see how well programs are doing in terms of getting children ready for kindergarten and to help develop trainings that will support directors and teachers working in centers.

If you choose to not participate in the evaluation your relationship with the City of Seattle, Seattle Public Schools district (SPS), Early Childhood Education Assistance Program (ECEAP), Head Start, your child care subsidy program, or your child care program will not be affected.

You may call Tabitha Beaupain (PPVT-4 coordinator) at the number above or your childcare program director with any questions.

Thank-you!

I agree to allow my child to take part in the PPVT-4 assessment this fall and again in the spring at his/her preschool/childcare program. I understand that my child's results will be used as stated above and that the results will be kept confidential to the extent required or authorized by local, state, and federal law.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Today's Date

Name of Child: _____

Name of Child Care Program _____

Date of Birth: _____

Language Spoken at Home _____

Child's gender: female male