



## Project Burn and Turn

### Parent Consent and Child/Youth Assent Form

Title of Research Project: Exploring Special Educator Burnout, and in Turn, the Impact of Burnout on Special Educators' Treatment Integrity in Behavior Support Plans: *Project Burn and Turn*

Principal Investigator (PI): Justin D. Garwood, Ph.D.

Sponsor: U.S. Department of Education – Institute of Education Sciences and the Department of Education at the University of Vermont

Throughout this document, “you” refers to “you or your child/youth”

#### Introduction

You are being invited to take part in this research study because you are currently a student receiving special education services in a school. This study is being conducted by Dr. Justin Garwood at the University of Vermont.

Your participation in this research study is optional. We encourage you to ask questions and take the opportunity to discuss the study with anybody you think can help you make this decision.

#### Why is This Research Study Being Conducted?

The purpose of this study is to better understand the risks factors that contribute to burnout of special education teachers and, how a teacher's feelings of burnout may impact their ability to deliver effective behavior interventions to students with disabilities. Therefore, students are needed for participation so we may observe teachers in their interactions with students during the school day.

#### What Is Involved In The Study?

If you decide to take part in the study, your teacher will be asked to provide some demographic information about you. This information includes the following: age, gender, race/ethnicity, and eligibility for special education services.

Your special education teacher will set up a small camera to video-record you and your teacher during a regularly scheduled class session. Swivl technology will be used for recordings (you may visit <https://www.swivl.com/> to learn more about Swivl). At no point will anyone from the research team be present during your class session, as the teacher will handle all video recordings. The video camera will be positioned in an unobtrusive place in the classroom before you arrive for class. Your teacher will not have access to the video recording. Your only involvement in the study is to participate in your regular class session with your special education teacher. No one on the research team will be in the room or have any direct contact with you during your participation. It is important to us and the research study that your education and daily routine continue without interruption. There will be a minimum of two and maximum of four video-recorded observations. The research team will analyze the videos to observe (a) how well the teacher's implemented their intervention and (b) how well you responded to the teacher's intervention. In the event your school transitions to fully online schooling, Swivls will still be used to record the intervention session. This will be accomplished by the teacher positioning the Swivl to face their computer and record your intervention session.

#### What Are The Benefits of Participating In The Study?

As a participant in this research study, there may not be any direct benefit to you; however, information from this study may benefit other special education students in the future.



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### **What Are The Risks and Discomforts Of The Study?**

There are minimal risks for participating in the study beyond those of a typical day in school because we seek only to capture business as usual in the classroom. We will do our best to protect the information we collect about you during this study. All participants will be assigned confidential identification numbers (e.g., S001), so no names are needed in any data records or analysis. All data in the study will be stored on password protected computers and kept in a locked office building. We will not collect any information that will identify you to further protect your confidentiality and to minimize any potential risk for an accidental breach of confidentiality. Naturally, video recordings are identifiable and there is a potential risk for accidental breach of confidentiality. To guard against this, the Swivl technology protects all video recordings behind a secure internet firewall and a password protected account that belongs to the PI.

### **Are There Any Costs?**

There will be no costs to you for participation in this research study.

### **What Is the Compensation?**

You will not be paid by the researchers at UVM for taking part in this study.

### **What About Confidentiality?**

Your study data will be handled as confidentially as possible. If results of this study are published or presented, individual names and other personally identifiable information will not be used. To minimize the risks to confidentiality, all video recordings will be kept on a secure, private server to which only the research team has access. The sponsor (U.S. Department of Education) or their appointed designees as well as the Institutional Review Board and regulatory authorities will be granted direct access to your original research records for verification of research procedures and/or data.

Please note that email communication is neither private nor secure. Though we are taking precautions to protect your privacy, you should be aware that information sent through e-mail could be read by a third party.

When the research is completed, our research team may save the video recording for use in future research done by myself or others. We will retain this study information for up to 30 days. After this time period, all recordings will be erased.

### **Do you have to participate?**

No, research is something you do only if you want to. Whether you decide to participate or not, it will have no effect on your grades at school. And if you agree, you can always change your mind later if you don't want to be in the study any more. If you decide not to participate, none of your interactions with your teacher will be recorded.

### **Can You Withdraw From This Study?**

Taking part in this study is voluntary. You may choose not to take part in this study, or you can change your mind and withdraw from the study by contacting the PI. If you withdraw from the study, none of your data will be used in analysis. All data related to you will be deleted.

### **Contact Information**

You may contact Dr. Justin Garwood, the Investigator in charge of this study, at 802-656-2712, for more information about this study. If you have any questions about your rights as a participant in a research project or for more information on how to proceed should you believe that you have been



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harm as a result of your participation in this study you should contact the Director of the Research Protections Office at the University of Vermont at 802-656-5040.

### **Disclosure of Educational Information Protected by the Family Educational Rights and Privacy Act**

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. FERPA requires that written consent be obtained from a parent on behalf of minors authorizing the release of their educational records.

This research study specifically requests information about your special educational behavioral support plans. These are required by the research team to inform our observations of the teachers delivery of intervention and see the degree to which the plan is being implemented as intended. This information will only be shared with the research team. By signing this research consent form, you are providing consent for your school to release the information as mentioned above to the UVM researcher Justin Garwood, Ph.D. You may withdraw your consent to share this information at any time. A request to withdraw your consent should be submitted in writing.

### **Statement of Parent Permission/Consent**

You have been given and have read or have had read to you a summary of this research study. Should you have any further questions about the research, you may contact the person conducting the study at the address and telephone number given below. Your child's participation is voluntary and you may refuse to allow your child to participate or withdraw at any time without penalty or prejudice. In addition to written assent and parent permission below, we will ask your special education teacher to ask for your verbal assent to participate before any study procedures begin.

### **FERPA Statement**

FERPA requires you be informed of the records that may be disclosed, purpose of this disclosure, and to know the parties to whom this information will be disclosed. This consent form contains this information, but please feel free to contact the PI if you have any questions.

### **Assent Statement**

You agree to let your child/youth to participate in this study and you understand that you will receive a signed copy of this form.

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Name of School

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Signature of Parent

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Date

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Name of Parent Printed

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Name of Child Printed

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Mailing Address (to receive fully signed copy of this form)



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**Statement of Assent (this is only necessary if you are between the ages of 11-17)**

If you would like to be in this research study, and your parent agrees, please sign your name on the line below.

\_\_\_\_\_  
Signature of Child/Youth (age 11-17)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal Investigator or Designee

\_\_\_\_\_  
Date

Justin D. Garwood  
\_\_\_\_\_  
Name of Principal Investigator or Designee Printed

Name of Principal Investigator: Justin D. Garwood, Ph.D.  
Address: 85 S. Prospect Street, Burlington, VT 05405  
Telephone Number: 518-774-3043

**What do you do now?**

Please sign the form if you agree to participate and place it in the provided envelope with a stamped, pre-addressed envelope. Once we receive your consent form, we will mail you a fully signed copy from the PI for your records. Thank you!

PLEASE **DO NOT EMAIL THIS FORM** TO THE RESEARCH TEAM.  
PLEASE ONLY USE THE INCLUDED ENVELOPE TO RETURN YOUR CONSENT.

***THANK YOU!***