



**Children's Services Council of Palm Beach County
Teaching Strategies GOLD Program**

CONSENT TO PARTICIPATE IN THE GOLD PROGRAM

Dear Parent or Guardian:

Your child's preschool has been asked to participate in the GOLD Program, focusing on teacher observation and planning using the Teaching Strategies GOLD® online observational system. The GOLD® is a computer program that helps teachers to record their observations of your child and use the information to plan classroom lessons and activities that will support your child's development.

This letter tells you about the program and your choices for participation. If there is anything that you do not understand, we encourage you to ask questions.

WHY IS THIS PROGRAM BEING DONE?

We understand that teacher observation of child development is key to teaching and learning in the classroom. We want to support your child's early education program and others like it that are ready to take this next step in supporting children and families.

WHAT CAN I EXPECT FROM THIS PROGRAM?

- Your child's program has been provided with laptops and online access to the Teaching Strategies GOLD® online system. Teachers will enter their observations about your child into the data system to track your child's learning and development.
- These observations will be used to support teacher planning and classroom activities.

Please initial either 1 or 2:

1. _____ I allow my child to have observations about his/her learning and development entered into the Teaching Strategies GOLD® online system. This means that I agree to participate in the program.
2. _____ I do not want observations about my child to be entered into the Teaching Strategies GOLD® online system. This means that I do not agree to participate in the program.

WHAT CHOICES DO I HAVE?

You do not have to join this program. You are free to say yes or no. If you do not join this program, your child's participation in their early learning program will not change.

WHO CAN ANSWER MY QUESTIONS ABOUT THE PROGRAM?

If you have more questions about this program at any time, you can call The Strong Minds GOLD team at the ELCPBC at 561-600-9427

CONSENT TO PARTICIPATE IN THE PROGRAM

By signing my name below, I confirm the following:

- I have read (or had read to me) this entire consent letter. I have had the opportunity to have all of my questions answered to my satisfaction.
- The Program purpose and procedures have been explained to me.
- I voluntarily agree to participate in this program. I have been told that I can stop at any time.
- I agree to let the assessment team at ELCPBC use and share the information gathered from this program.

IMPORTANT: You may request an additional copy of this consent letter for your records.

Signature of Parent or Guardian

Date

Name of Child