

**HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM**  
**APPENDIX A**  
**INTRODUCTORY LETTER TO PARENTS**  
(to be printed on departmental letterhead)

October 1, 20

Dear Parent or Guardian:

I would like to take this opportunity to introduce myself. I am an Assistant Professor at Robert Morris University with more than 15 years experience working with students who are deaf/hard of hearing. I am working on a research study of reading instruction for students who are deaf/hard of hearing, grades 1-4, in schools for the deaf. Your school has agreed to allow me to observe reading there and I would like you to consider allowing your child to participate in this study.

As part of this study, I will be coming into the reading classroom twice to observe the kind of activities that take place during reading. In addition, a one time review of your child's school records will be conducted to obtain background information on your child (level of hearing loss, reading level, etc.). If a current reading evaluation is not on file with the student, one will be conducted. All information about your child is kept confidential. Your participation is voluntary and you may change your mind and withdraw from this research project at any time. This study has been approved by the Robert Morris University Institutional Review Board.

Please take a moment to read the Informed Consent Documents attached. Discuss these with your child. If you think that it would be alright for me to observe your child while I am in the classroom, please indicate your consent and your child's consent by signing where I have highlighted and returning the forms to the school. If you have any questions please feel free to contact me at [REDACTED], [REDACTED], or [REDACTED]. Thank you so much for your time and consideration.

Sincerely,

[REDACTED]  
Principal Investigator  
Robert Morris University

Attachments

**HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM**  
**APPENDIX B**  
**INFORMED CONSENT – STUDENT PARTICIPANTS**  
(to be printed on Departmental letterhead)

Robert Morris University  
Institutional Review Board  
Approval Date:  
Renewal Date:  
IRB Number:

**CONSENT TO ACT AS A PARTICIPANT IN A RESEARCH STUDY**

**TITLE:** An Observational Study of Reading Instruction of Students who are Deaf/Hard of Hearing  
in Schools for the Deaf

**PRINCIPAL INVESTIGATOR:**

[REDACTED]  
Assistant Professor  
Robert Morris University  
6001 University Boulevard  
Patrick Henry [REDACTED]  
Moon Township, PA 15108  
[REDACTED]

**SOURCE OF SUPPORT:** No Support

**Why is this research being done?**

Your child is being asked to participate in a research study that will examine the nature of reading instruction of students who are deaf/hard of hearing in grades 1-4 in schools for the deaf.

**Who is being asked to take part in this research study?**

Students who are deaf/hard of hearing and the special education teachers who provide reading instruction to these students are being invited to take part in this research study. A total of 24 students, and their teachers, from the tri-state area of OH, PA, and WV will participate in this study.

**What procedures will be performed for research purposes?**

If you decide your child will take part in this research study, a one time review of your child's school records will be conducted to obtain information regarding your child's hearing loss and background information. The daily period(s) of reading instruction for your child will be observed twice using an established instructional code. If a current reading evaluation is not on file with the student, one will be conducted.

**What are the possible risks, side effects, and discomforts of this research study?**

Breach of confidentiality is a possible risk of your child's participation in this study. However, measures will be taken to ensure that this does not occur. Otherwise, all instruments have been designed to be appropriate for your child, thus no risks are anticipated.

**What are possible benefits from taking part in this study?**

No direct benefits will be received from your child taking part in this research study.

**Will I be paid if I take part in this research study?**

Neither you nor your child will receive monetary payment as a result of your child's participation in this study.

# HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM

Robert Morris University  
Institutional Review Board  
Approval Date:  
Renewal Date:  
IRB Number:

## **Who will know about my child's participation in this research study?**

Any information about your child obtained from this research will be kept as confidential (private) as possible. All records related to your child's involvement in this research study will be stored in a locked file cabinet at Robert Morris University. Your child will not be identified by name in any publication of the research results unless you and/or your child sign a separate consent form giving your permission (release). Participants will be assigned a numeric code in order to maintain confidentiality. All data referring to each participant will be marked with this code. Links will be maintained between the participants' identities and the numeric code assigned to them. The paper recording these links will only be seen by the principal investigator and will be locked in a cabinet when not in use. A confidentiality statement must be signed by the principal investigator.

## **Who will have access to identifiable information related to my child's participation in this research study?**

In addition to the investigator listed on the first page of this authorization (consent) form, the following individuals will or may have access to identifiable information related to your child's participation in this research study: Authorized representatives of Robert Morris University may review your identifiable research information for the purpose of monitoring the appropriate conduct of this research study. In unusual cases, the investigator may be required to release identifiable information related to your participation in this research study in response to an order from a court of law. If the investigator learns that you or someone with whom you are involved is in serious danger or potential harm, they will need to inform, as required by Pennsylvania law, the appropriate agencies.

## **For how long will the investigator be permitted to use and disclose identifiable information related to my child's participation in this research study?**

The investigator may continue to use and disclose, for the purposes described above, identifiable information related to your child's participation in this research study for a minimum of five years after final reporting or publication of a project.

## **Is my child's participation in this research study voluntary?**

Your child's participation in this research study, to include the use and disclosure of your child's identifiable information for the purposes described above, is completely voluntary. (Note, however, that if you do not provide your consent for the use and disclosure of your child's identifiable information for the purposes described above, your child will not be allowed, in general, to participate in the research study.) Whether or not you provide your consent for your child's participation in this research study will have no effect on your child's current or future relationship with Robert Morris University and/or your child's school.

## **May I withdraw, at a future date, my consent for my child's participation in this research study?**

You may withdraw, at any time, your consent for your child's participation in this research study, to include the use and disclosure of your child's identifiable information for the purposes described above. (Note, however, that if you withdraw your consent for the use and disclosure of your identifiable information for the purposes described above, you will also be withdrawn, in general, from further participation in this research study.) Any identifiable research information recorded for, or resulting from, your participation in this research study prior to the date that you formally withdrew your consent may continue to be used and disclosed by the investigator for the purposes described above. To formally withdraw your consent for your child's participation in this research study, you should provide a written and dated notice of this decision to the principal investigator of this research study at the address listed on the first page of this form. Your decision to withdraw your consent for participation in this research study will have no effect on your current or future relationship with Robert Morris University.



**HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM**  
**APPENDIX C**  
**INTRODUCTORY LETTER TO TEACHERS**  
(to be printed on departmental letterhead)

October 1, 20[REDACTED]

Dear Teacher:

I would like to take this opportunity to introduce myself. I am an Assistant Professor at Robert Morris University with more than 15 years experience working with students who are deaf/hard of hearing. I will be conducting a research study to investigate the nature of reading instruction for students who are deaf/hard of hearing in schools for the deaf in grades 1-4 in the tri-state area of OH, PA, and WV. Your school has consented to be a site for this research study. I would like you to consider participating in this study.

As part of this study, I will be conducting two observations of reading instruction using an established observation tool. Also, an informal interview will be conducted to obtain background information on teachers. In addition, a one time review of the students' school records will be conducted to obtain background information on the student. If a current reading evaluation is not on file with the student, one will be conducted. Upon completion of all observations in the classroom, an exit interview will be conducted with the teacher. There are no foreseeable risks associated with this project, nor are there any direct benefits to you, the student(s), or the school. All data collected are confidential and will be kept under lock and key. Your participation is voluntary and you may withdraw from this research project at any time. This study has been approved by the Robert Morris University Institutional Review Board.

Please take a moment to read the Informed Consent Documents attached and indicate your consent by completing and returning the forms to the school. If you have any questions regarding your participation in this study, please feel free to contact me at [REDACTED], [REDACTED], or [REDACTED]. Thank you so much for your time and consideration.

Sincerely,

[REDACTED]  
Principal Investigator  
Robert Morris University

Attachments

**HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM**  
**APPENDIX D**  
**INFORMED CONSENT FOR TEACHER PARTICIPANTS**  
(to be printed on departmental letterhead)

Robert Morris University  
Institutional Review Board  
Approval Date:  
Renewal Date:  
IRB Number:

**CONSENT TO ACT AS A PARTICIPANT IN A RESEARCH STUDY**

**TITLE:** An Observational Study of Reading Instruction of Students who are Deaf/Hard of Hearing in Schools for the Deaf

**PRINCIPAL INVESTIGATOR:**

[REDACTED]  
Assistant Professor  
Robert Morris University  
6001 University Boulevard  
Patrick Henry [REDACTED]  
Moon Township, PA 15108  
[REDACTED]

**SOURCE OF SUPPORT:**

No Support

**Why is this research being done?**

You are being asked to participate in a research study that will examine the reading instruction of students who are deaf/hard of hearing in grades 1-4 in schools for the deaf.

**Who is being asked to take part in this research study?**

Students who are deaf/hard of hearing in grades 1-4 receiving reading instruction in schools for the deaf and special education teachers who provide reading instruction to these students are being invited to take part in this research study. A total of 24 students, and their teachers, from the tri-state area of OH, PA, and WV will participate in this study.

**What procedures will be performed for research purposes?**

If you decide to take part in this research study, an informal interview will be conducted to obtain background information and information on the reading curriculum used with students who are deaf/hard of hearing. Two daily period(s) of reading instruction for each participating student who is deaf/hard of hearing will be observed using the mainstream version of the Code for Instructional Structure and Student Academic Responses (MS-CISSAR). Upon completion of all observations in the classroom, an exit interview will be conducted with the teacher.

**What are the possible risks, side effects, and discomforts of this research study?**

Breach of confidentiality is a possible risk of participation in this study. However, measures will be taken to ensure that this does not occur. Otherwise, all instruments have been designed to be appropriate for you and your students, thus no risks are anticipated.

**What are possible benefits from taking part in this study?**

No direct benefits will be received from taking part in this research study.

# HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM

Robert Morris University  
Institutional Review Board  
Approval Date:  
Renewal Date:  
IRB Number:

## **Will I be paid if I take part in this research study?**

Neither you nor your students will receive monetary payment as a result of participation in this study.

## **Who will know about my participation in this research study?**

Any information about you obtained from this research study will be kept as confidential (private) as possible. All records related to your involvement in this research study will be stored in a locked file cabinet at Robert Morris University. You will not be identified by name in any publication of the research results unless you sign a separate consent form giving your permission (release). Participants will be assigned a numeric code in order to maintain confidentiality. All data referring to each participant will be marked with this code. Links will be maintained between the participants' identities and the numeric code assigned to them. The paper recording these links will only be seen by the principal investigator and will be locked in a cabinet when not in use.

## **Who will have access to identifiable information related to my participation in this research study?**

In addition to the investigator listed on the first page of this authorization (consent) form, the following individuals will or may have access to identifiable information related to your participation in this research study: Authorized representatives of Robert Morris University may review your identifiable research information for the purpose of monitoring the appropriate conduct of this research study. In unusual cases, the investigator may be required to release identifiable information related to your participation in this research study in response to an order from a court of law. If the investigator learns that you or someone with whom you are involved is in serious danger or potential harm, they will need to inform, as required by Pennsylvania law, the appropriate agencies.

## **For how long will the investigator be permitted to use and disclose identifiable information related to my participation in this research study?**

The investigator may continue to use and disclose, for the purposes described above, identifiable information related to your participation in this research study for a minimum of five years after final reporting or publication of a project.

## **Is my participation in this research study voluntary?**

Your participation in this research study, to include the use and disclosure of your identifiable information for the purposes described above, is completely voluntary. (Note, however, that if you do not provide your consent for the use and disclosure of your identifiable information for the purposes described above, you will not be allowed, in general, to participate in the research study.) Whether or not you provide your consent for participation in this research study will have no effect on your current or future relationship with Robert Morris University.

## **May I withdraw, at a future date, my consent for participation in this research study?**

You may withdraw, at any time, your consent for participation in this research study, to include the use and disclosure of your identifiable information for the purposes described above. (Note, however, that if you withdraw your consent for the use and disclosure of your identifiable information for the purposes described above, you will also be withdrawn, in general, from further participation in this research study.) Any identifiable research information recorded for, or resulting from, your participation in this research study prior to the date that you formally withdrew your consent may continue to be used and disclosed by the investigator for the purposes described above. To formally withdraw your consent for participation in this research study, you should provide a written and dated notice of this decision to the principal investigator of this research study at the address listed on the first page of this form. Your decision to withdraw your consent for participation in this research study will have no effect on your current or future relationship with Robert Morris University.

# HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM

Robert Morris University  
Institutional Review Board  
Approval Date:  
Renewal Date:  
IRB Number:

## If I agree to take part in this study, can I be removed from the study without my consent?

If you consent to participation in this research study, you may be removed from the study without your consent by the principal investigator if the student for whom you teach reading instruction transfers attendance to a school other than the school for the deaf. Any identifiable research information recorded for, or resulting from, your participation in this research study prior to the date that s/he was withdrawn from participation may continue to be used and disclosed by the investigator for the purposes described.

\*\*\*\*\*

## VOLUNTARY CONSENT

The above information has been explained to me and all of my current questions have been answered. I understand that I am encouraged to ask questions about any aspect of this research during the course of this study, and that such future questions will be answered by the investigator listed on the front page of this consent document.

Any questions which I have about my rights as a research participant will be answered by the Human Subjects Protection Advocate of the IRB Office, Robert Morris University (412-██████████).

By signing this form, I agree to participate in this research study. A copy of this consent form will be given to me.  
"I voluntarily consent to participate in this project."

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*  
**CERTIFICATION of INFORMED CONSENT**

I certify that I have explained the nature and purpose of this research study to the above-named individual(s), and I have discussed the potential benefits and possible risks of study participation. Any questions the individual(s) have about this study have been answered, and I will always be available to address future questions as they arise

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Principal Investigator  
Role in Research Study

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

**HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM**  
**APPENDIX E**  
**CONFIDENTIALITY STATEMENT FORM**

I, [REDACTED], understand that I may have access to personal information provided by participants in the study entitled An Observational Study of Reading Instruction of Students who are Deaf/Hard of Hearing in Schools for the Deaf.

As the principal investigator of the study, I recognize that I have an obligation to protect the confidentiality of the information acquired in the conduct of the study and that I may disclose information only with the consent of the subject and his/her representative.

My signature below indicates my acceptance of this obligation and restriction on disclosure set forth above and that I realize that failure on my part to fulfill this obligation can lead to appropriate disciplinary action.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM  
APPENDIX F**

**Certification of Investigator Responsibilities**

By signing below I agree/certify that:

1. I am cognizant of, and will comply with, current federal regulations and IRB requirements governing human subject research including adverse event reporting requirements.
2. I have reviewed this protocol submission in its entirety and that I am fully aware of, and in agreement with, all submitted statements.
3. I will conduct this research study in strict accordance with all submitted statements except where a change may be necessary to eliminate an apparent immediate hazard to a given research subject.
4. I will request and obtain IRB approval of any proposed modifications to the research protocol prior to implementing such modification.
5. I will ensure that all co-investigators, and other personnel assisting in the conduct of this research study have been provided a copy of the entire current version of the research protocol.
6. I will not enroll any individual into this research study until the exempt status of this application has been determined by the IRB and I have been informed in writing.
7. I will respond promptly to all requests for information or material solicited by the IRB.
8. I will maintain adequate, current, and accurate records of research data.
9. I will not knowingly include prisoners in this research study.

**Principal Investigator Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Faculty Sponsor / Mentor Assurance**

I certify that the Principal Investigator named above will conduct this research under my direct supervision and guidance. I further certify that I will assume final responsibility for the conduct of this protocol in accordance with all Robert Morris University policies and procedures regulating human research. If the PI leaves before completion of this study, I will see to it that all data collection and analysis will be completed.

**Mentor's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM**  
**APPENDIX G**  
**MS-CISSAR Hierarchy**

Ecological Variables

SETTING	ACTIVITY	TASK	PHYSICAL ARRANGEMENT	INSTRUCTIONAL GROUPING
1=RegularCls	1=Reading	1=Readers	1=EntireGrp	1=WholeCls
2=SpecialEd	2=Math	2=Workbooks	2=DivideGrp	2=SmallGrp
3=ResrceRm	3=Spelling	3=Worksheet	3=Individual	3=OneonOne
4=Chapt1Lab	4=HndWrtng	4=Paper&Pen		4=Independnt
5=Library	5=Language	5=LstnLect		5=NoInstrct
6=MusicRm	6=Science	6=OthMedia		
7=ArtRoom	7=SocStud	7=Discussn		
8=TherapyRm	8=PreVocat	8=Fetch/Put		
9=Hall	9=GrssMotor	9=NoTask		
10=Auditori	10=DailyLiv			
11=Other	11=Self-Care			
	12=Arts/Crft			
	13=FreeTime			
	14=BusMgmnt			
	15=Transit			
	16=Music			
	17=TimeOut			
	18=NoActvty			
	19=Cn'tTell			
	20=Other			

Student Variables

ACADEMIC RESPONDING	TASK MANAGEMENT	COMPETING RESPONSE
1=Writing	1=RaiseHand	1=Aggression
2=TskPartic	2=PlayAppro	2=Disrupt
3=ReadAloud	3=ManipMtrl	3=TalkInapp
4=RdSilent	4=Move	4=LookArnd
5=TalkAca	5=TalkMgmnt	5=NonComply
6=NoAcaRsp	6=Attention	6=Self-Stim
	7=NoMgmnt	7=SelfAbuse
		8=NoInappro

## HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM

### Teacher Variables

TEACHER DEFINITION	TEACHER BEHAVIOR	TEACHER APPROVAL	TEACHER FOCUS	TEACHER POSITION
1=Regular 2=SpecialEd 3=Aide/Para 4=StudntTch 5=Volunteer 6=RelatdSrv 7=Substitut 8=PeerTutor 9=NoStaff	1=QuestAca 2=QuestMgmt 3=QstDscpln 4=CmndAca 5=CmndMgmnt 6=CmdDscpln 7=TalkAca 8=TalkMgmnt 9=TlkDscpln 10=TlkNonAca 11=NonVbPrmt 12=Attention 13=ReadAloud 14=Sing 15=NoRespons	1=Approval 2=DISapprov 3=Neither	1=Target 2=Target+Oth 3=NoOne 4=Other	1=InFront 2=AtDesk 3=OutofRoom 4=Side 5=Back

# HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM

## APPENDIX H

### Opening and Closing Comment Guidelines

#### Opening Comments

1. Observer's Name
2. Total Number of Adults in the Room and their Role
3. Total Number of Students who are Deaf/Hard of Hearing in Room
4. Time of Observation

#### Closing Comments

1. What were the specific reading materials observed in use?
2. Did oral reading (signing in the air) occur for the purpose of developing fluency?  
If so, what were the fluency activities?
3. Did language activities include vocabulary instruction?  
If so, what were the vocabulary activities?
4. Were reading comprehension activities observed?  
If so, what were the reading comprehension activities?
5. What, if any, type of phonic/phonemic awareness activities occurred?
6. What type of communication mode was observed between student and teacher?
7. Were assistive listening devices worn during observation?
8. Include any additional observation notes.

**HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM**  
**APPENDIX I**  
**Teacher Data**

Teacher Code: \_\_\_\_\_

School Code: \_\_\_\_\_

Grade(s) Taught: \_\_\_\_\_

Time(s) Allocated to Reading Instruction: \_\_\_\_\_

Teacher's Background: \_\_\_\_\_ Degree(s)/Certification(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Total Years of Teaching Experience

\_\_\_\_\_ Years of Teaching Experience with

Students who are Deaf/ Hard of

Hearing

\_\_\_\_\_ Hearing Status

\_\_\_\_\_ Number of Reading Courses Taken

\_\_\_\_\_ Number of In-services/Workshops

Attended within the last 5 Years

Reading Curriculum Used: \_\_\_\_\_

Availability of Reading Specialist: \_\_\_\_\_

## HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM

Code(s) of student(s) who are deaf/hard of hearing for whom this teacher is responsible for teaching reading on a daily basis, reading grade level of curriculum, and method of communication used with the student.

<u>Student's Code</u>	Curriculum Reading	Communication Method
	<u>Grade Level</u>	<u>Used with the Student</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Communication method used with the student may be: speech, cued speech, tactile signs, sign supported speech such as Signed English, Pidgin Signed English/Contact Sign, American Sign Language, or through an interpreter)

**HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM**  
**APPENDIX J**

Student Data

Student Code: \_\_\_\_\_ Gender: \_\_\_\_\_  
School Code: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Length of Time in Placement: \_\_\_\_\_

1. Audiological Information

Date of last audiological examination/screening: \_\_\_\_\_

Hearing loss:

Right ear     Normal     Mild     Moderate     Severe     Profound

Left ear      Normal     Mild     Moderate     Severe     Profound

Onset of hearing loss (age): \_\_\_\_\_

Etiology: \_\_\_\_\_

2. Auditory equipment used by the student in the school setting: (Check all that apply)

Hearing Aid(s)     left     right     both

Personal FM system

Classroom Amplification System

Cochlear Implant                      Date student received implant: \_\_\_\_\_

None

Other: \_\_\_\_\_

3. Student's method of communication: (Check all that apply, then circle the primary method)

Speech

Cued speech

Lipreading

Tactile signs

Sign Supported Speech:

Signed English

Pidgin Signed English/Contact Signing

American Sign Language

Other: \_\_\_\_\_

4. Services used as indicated by the IEP: (Check all that apply)

Notetaker

Educational interpreter using:

Oral Interpreting

Cued Speech

Signed English

Pidgin Signed English/Contact Sign

American Sign Language

Reading Modifications (please list): \_\_\_\_\_

5. Current reading level based on (assessment name): \_\_\_\_\_

Frustration level: \_\_\_\_\_

Instructional level: \_\_\_\_\_

Independent level: \_\_\_\_\_

# HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM

6. Sign language ability/level: \_\_\_\_\_ Based on: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Identification of additional disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Female Guardian's Hearing Status: Hearing  Hard of Hearing  Deaf  Not Known   
Male Guardian's Hearing Status: Hearing  Hard of Hearing  Deaf  Not Known

9. Type of instructional setting(s) for reading and frequency/duration of setting:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Time period(s) for reading: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM**  
**APPENDIX K**  
**Teacher Exit Interview**

**TEACHER EXIT SURVEY**      Teacher Code: \_\_\_\_\_

**Directions:**

- 1) In the chart below, please indicate the total time spent on reading instruction per day.
- 2) Please indicate the estimated time spent daily on each component of reading instruction.
- 3) Add all of the minutes spent on the components of reading instruction and enter the total estimated time spent on all components of reading per day.
- 4) Please check that minutes spent in reading instruction per day (item 1) equals the total time spent in all reading components (item 3).

<b>1. TIME SPENT IN READING INSTRUCTION PER DAY:</b>	<b>min./day</b>
<b>2. Component of Reading Instruction</b>	<b>Estimated Time Spent Minutes/Day</b>
Comprehension	
Language (vocabulary, language/grammar structure, and creative writing)	
Phonics/Phonemic Awareness	
Reading (reading aloud, reading silently)	
Spelling	
<b>3. TOTAL TIME SPENT IN ALL READING COMPONENTS:</b>	<b>min./day</b>

**Directions:** Using the scale below, please circle the response indicating the degree to which the following factors influence how the time spent on reading instruction in your classroom is structured.

1. To what degree does **the school curriculum** influence how time spent in reading instruction is structured?  
 To a high degree    moderate degree    low degree    no influence
2. To what degree does **the school administration** influence how time spent in reading instruction is structured?  
 To a high degree    moderate degree    low degree    no influence
3. To what degree does **research in reading instruction** influence how time spent in reading instruction is structured?  
 To a high degree    moderate degree    low degree    no influence
4. To what degree do **the student's needs** influence how time spent in reading instruction is structured?  
 To a high degree    moderate degree    low degree    no influence
5. To what degree do **your own personal beliefs/experiences** influence how time spent in reading instruction is structured?  
 To a high degree    moderate degree    low degree    no influence
6. Please list any other factors that influence how time spent in reading instruction is structured?

**HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM  
APPENDIX L**

**Recruitment Script of E-Mails  
To Be Sent to Principals/Superintendents at Schools for the Deaf**

Recently, I conducted a research study to investigate the nature of reading instruction for students who are deaf/hard of hearing in 9 public school settings in the tri-state area of OH, PA, and WV (general education classroom, resource rooms, and/or special education classroom settings). As a follow-up research study, I would like to conduct a similar study in schools for the deaf in the tri-state area.

As an Assistant Professor at Robert Morris University, I will be conducting observations of reading instruction using an established observation protocol (MS-CISSAR). I will be observing each student two times between November, 20[REDACTED] and May, 20[REDACTED]. If a current reading evaluation is not on file with the student, one will be conducted. In addition, a short, informal interview will be conducted with the special education teacher. A review of students' school records will be conducted to collect demographic data. Following observations, an exit interview will be conducted with teachers. The study protocol has been approved by the Institutional Review Board at Robert Morris University and confidentiality of participant information will be maintained.

I am looking for sites who would be interested in allowing a researcher to observe reading instruction at their school. If you are interested in participating, have any questions, or would like to discuss this matter further, please feel free to contact me at [REDACTED] or [REDACTED]. Thank you for your time in considering this matter and I look forward to hearing from you soon.

[REDACTED]  
Assistant Professor, Robert Morris University

**HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM**

**APPENDIX M**

**Letter of Support**

FROM :

FAX NO. :

Jun. 14 2007 02:52PM



*Where Children With Hearing  
Impairments Speak Miracles*

**DePaul School for  
Hearing and Speech**

June 14, 20[REDACTED]

[REDACTED] has my permission to come to DePaul School for Hearing and Speech during the 20[REDACTED]-20[REDACTED] school year for the purpose of observing reading instruction for research.

[REDACTED]  
[REDACTED]

Director of Educational Services

# HUMAN SUBJECT RESEARCH REVIEW APPLICATION FORM



DEC 13 2007 11:37AM

**ST. RITA**  
SCHOOL  
FOR THE DEAF

St. Rita School for the Deaf

NO. 2425 F. 2

412-577-2524

*teaching communication for life*

December 13, 2007

To Whom It May Concern:

This letter is to verify that [REDACTED], Assistant Professor in the School of Education and Social Science at Robert Morris University, has permission to observe at St. Rita School for the Deaf for research purposes.

The observation will begin in January of 2008.

Sincerely,

[REDACTED SIGNATURE]

Executive Director