

Family Form



Reading Research Registry

Improving Reading, Improving Learning, Improving Lives

For the family of: (child's name)

Contact Information (please print clearly)

Name	
Relationship to (child's name)	
Home Address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (other)	
E-Mail	

Who are your family members? Please list the people in your home. This information is important for matching your family with different reading studies.

<input type="checkbox"/> (Child's name) _____ Age _____	<input type="checkbox"/> Child's Biological Mother _____
<input type="checkbox"/> Child's Biological Father _____	<input type="checkbox"/> Child's Step-parent _____
<input type="checkbox"/> Child's Sister(s) or Brother(s) _____ Age _____ _____ Age _____	<input type="checkbox"/> Child's Half Sister(s) or Half Brother(s) _____ Age _____ _____ Age _____
<input type="checkbox"/> Other Relative(s): _____	

Thank you for joining the Reading Research Registry!

Your family will receive a \$15 gift card as a thank you. Please choose your gift card:

- Borders Publix Target

Return this Family Form and the signed blue consent form in the addressed envelope.

Reading Research Registry
1107 W Call Street
Tallahassee, FL 32306-4301
TOLL FREE (866) 290-2456

Si usted quisiera que este formulario en Español, marque por favor aquí y devuelva este formulario.

FSU Human Subjects Committee approved on 2/2/2009 Void After 10/21/2009 HSC No. 2009.2204