

Early Hearing Detection and Intervention Quality Improvement Project Post-Project Feedback Call:
Consent to Participate

Dear (Parent/Caregiver Partner Name):

Thank you for your interest in participating in the post-project feedback call for the Early Hearing Detection and Intervention Quality Improvement Project with quality improvement advisor Amanda Norton, MSW and other practice teams and parent/caregiver partners. The post-project feedback call will be 60 minutes in length. As a reminder, the post-project feedback call will provide you with an opportunity to share valuable lessons learned, showcase your hard work and successes, and provide feedback related to your participation in the project.

To confirm your participation in this additional, voluntary/optional component of the project, please review and sign the attached consent form and return it to me via email (sring@aap.org) or fax (847/228-5034) or by mail at the following address:

Sandi Ring

American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL, 60007

Please note that you cannot participate in the post-project feedback call scheduled for August x, 2017 until I receive your signed consent form.

Please do not hesitate to call or email me with any questions.

Best,

Sandi Ring, MS, CCLS
Manager
National Center for Medical Home Implementation
American Academy of Pediatrics
Email: sring@aap.org
Tel: 847/434-4738