

**Appendix L: Parent/Student Informed Consent Letter**

September 6, 2007

Dear Families of 4<sup>th</sup> and 5<sup>th</sup> grade students:

This year, [*insert school name*]'s 4<sup>th</sup> and 5<sup>th</sup> grade teachers are working with a company called McREL to learn about how to improve teaching and learning. The purpose of the study is to learn if improving classroom assessment helps student motivation and success. Teachers will give students their normal classroom lessons as planned. This project will not take time away from the education set by the district.

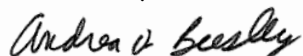
We ask for your permission for your child to be part of the study. This means your child will fill out a short survey on math motivation at the end of this school year, and at the end of next school year. It asks your child how true statements are, such as "I like to learn mathematics". It takes about 5 to 10 minutes to complete. A benefit is that it might help your child think about what it is like to learn math. The study will help educators know if and why improving classroom assessment helps children learn.

No personal information (names, birthdays, etc.) will be on the surveys. Your child's responses will be used only for statistical purposes. The reports we prepare for this study will not identify your child in any way. We will not provide information that identifies you, your child or your district to anyone outside the study team, except as required by law.

**Your child's participation is voluntary.** If you do *not* wish your child to be part of the study, please fill out the form on the next page. If you wish to take your child out of the study at any time, you may.

If you have any questions about the study or your child's part in it, please call [*insert school principal's name and phone number*]. You may also call or email me, the Study Director. I can be reached at McREL at 303-632-5541, by email at [abeesley@mcrel.org](mailto:abeesley@mcrel.org), or by mail at **McREL 4601 DTC Boulevard, Suite 500, Denver, CO 80237**.

Sincerely,



Dr. Andrea Beesley, Researcher

*If you DO NOT wish to give your permission, please:*

- 1) Write your child's name on the line.*
- 2) Check ("X") in the box under it.*
- 3) Sign your name and write the date.*
- 4) Return this form to your child's teacher by September 15, 2007.*

[School Name]

[Teacher Name]

Child's name: \_\_\_\_\_

My child does NOT have my permission to participate in the math motivation survey for McREL's study of classroom assessment.

Parent's Signature: \_\_\_\_\_

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