

EXHIBIT G: PARENT INFORMED CONSENT LETTER

NOTE TO REVIEWERS:

The required OMB confidentiality statement is written at a twelfth grade reading level:

“Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district, school, or individual. We will not provide information that identifies you, your school or district to anyone outside the research team, except as required by law.”

For the parent informed consent letter included in this Exhibit, this statement has been revised as follows to reflect the required eighth grade reading level:

“Your child’s scores on these tests will be used only for this study for statistical purposes. Your child’s test scores will not be shared with you, your child, or your child’s school. The reports we write for this study will summarize the achievement across all students. We will not report achievement scores for individual students, schools, or districts. We will not give out information that identifies you or your child to anyone outside the study team, except as required by law.”

Parent Informed Consent

[date]

Dear Parent or Guardian,

This year, [school name] is working with Mid-continent Research for Education and Learning (McREL) to learn about ways to improve schools. McREL has hired the local research firm ASPEN Associates, Inc., to study how your child's school is making an effort to improve.

We are asking permission for your child to participate in data collection for this study. Your child will be asked to complete one reading and one mathematics assessment at the beginning of this school year. This information will help us see how well your child's school is doing in its efforts to improve.

Your child's scores on these tests will be used only for this study for statistical purposes. Your child's test scores will not be shared with you, your child, or your child's school. The reports we write for this study will summarize the achievement across all students. We will not report achievement scores for individual students, schools, or districts. We will not give out information that identifies you or your child to anyone outside the study team, except as required by law.

Your child's participation in this testing is voluntary. If you do not want your child to participate, please complete and return the attached form to your child's teacher. If you wish, you may remove your child from the testing at any time.

If you have any questions about this study, please contact me at (952) 837-6251 or epalmer@aspennassociates.org.

Thank you for your help.

Sincerely,



Elisabeth A. Palmer, Ph.D.
Director of Research

Encl.

**Study of Success in Sight
Parent Informed Consent Form**

If you DO NOT want your child to participate in this study, please sign, date, and return this form to your child's teacher by [date], 2009.

[School Name]

[Teacher Name]

My child does not have my permission to participate in this study of school improvement being conducted by ASPEN Associates.

Child's Name: _____

Parent / Guardian Signature

Date

The U.S. Department of Education wants to protect the privacy of individuals who participate in surveys. Your answers will be combined with other surveys, and no one will know how you answered the questions. This survey is authorized by law (1) Sections 171(b) and 173 of the Education Sciences Reform Act of 2002, Pub. L. 107-279 (2002); and (2) Section 9601 of the Elementary and Secondary Education Act (ESEA), as amended by the No Child Left Behind (NCLB) Act of 2001 (Pub. L. 107-110). Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **xxxx-xxxx**. The estimated time required to complete this information collection is disclosed above, including the time to review instructions, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Avenue, NW, Washington, DC 20208.