

**Student Assent to Participate in High School Math Assessment
Study of Secondary Math Teachers**

School Name: [PRE-FILL]
Teacher Name: [PRE-FILL]
Math Class: [PRE-FILL]
Student Name [PRE-FILL]

Your school district, your school and your parent/guardian have given Mathematica Policy Research, Inc. permission to conduct this study about how well different math teachers do their jobs. As part of the study, you will be given a 45 minute test of math skills.

This test will have **no effect on your grades** but it will provide useful information for the study.

Participation in the study is voluntary, and you can stop participating in the test at any time. If you choose not to take part in the study, it will not affect your grades or, the instruction or other services you receive at school. Your parent/guardian(s) know that you are participating in this study.

Before you begin, please read the statements below and check the appropriate box.

The test was explained to me and **I want to participate.**

The test was explained to me and **I do not want to participate.**

Thank You