## Parent Consent Form

Your 4<sup>th</sup> grade child is invited to participate in a research study taking place in the Amarillo Independent School District (ISD) in spring 2013. The goal is to understand how children best learn about financial topics in school. All 4<sup>th</sup> grade classrooms in Amarillo ISD public schools will receive financial education this spring. Your child's information to be used as part of an evaluation of these classes, however, you have to sign the attached consent form. If you decide not to participate your decision will not affect your child's educational opportunities at school.

This spring, your child will be taking two 20-minute surveys in school that assess financial knowledge, attitudes, and behaviors. If you agree to participate in the study, your child's responses on the surveys may be used in research.

If your child has a youth savings account at Happy State Bank, we would like to collect data about transactions made on the account during the 2012-2013 school year. Your signature authorizes Happy State Bank to release transactional data about the youth account for research. Identifying information such as your child's name and account number will be removed before any data are shared.

The study does not involve immediate benefits to you. However, your participation will help us develop better school financial education programs. There is little risk to you and your child because we will **NOT** use names or any identifying information in the study. You can also end your participation at any time.

You may ask questions about the research at any time. You can contact Laura Rosen with OpportunityTexas. She can be reached at 512-823-2868. If you have questions about the attached survey you should contact Professor Michael Collins at the University of Wisconsin at 608-262-0369 or jmcollins@wisc.edu.

If you have more questions, you should contact the University of Wisconsin Educational Research Institutional Review Board (IRB) Office. The number for the office is 608-263-2320. The office staff can talk to you about your rights and your child's rights as research participants.

If you sign this form, you agree that you have read the form and consent to participate in the study. You also agree that you have had an opportunity to ask any questions about participation.

Parent name (please print):\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Child's name and date of birth:

Child's First: \_\_\_\_\_\_ Middle initial: \_\_\_\_\_ Last: \_\_\_\_\_

Date of birth: \_\_\_\_\_

If your child has a Happy State Bank Youth Account, please complete the following for the adult coowner or joint account holder:

First:	Middle initial:	Last:	
Street:			
City:	State:		Zip: