

Appendix F:

Approve Parent/Guardian Information Letter and Opt-out

Dear Parent or Guardian,

Your school and district are taking part in a study conducted by the U.S. Department of Education. The study will be looking at a math training program for 4th grade teachers called Developing Mathematical Ideas (DMI). Schools will either continue their regular program for training teachers to teach math or provide DMI to their 4th grade teachers.

Teachers will take part in 24 hours of training in teaching 4th grade math. They will also do homework and classroom exercises. We want to learn more about effective ways to help teachers teach math. Your child was chosen to be a part of this study because we are including all 4th grade classrooms (where the teacher has decided to join the study). This study will not interrupt your child's learning and there are no risks of any kind.

As part of this study, your child will take a 30-40 minute math test. The test will be given in their classroom during the last 4-6 weeks of school. Highly trained staff will give the test. We will also get your child's state test scores from last year and information such as age and race. We will schedule testing so that your child does not miss class work. **You can take your child out of the study at any time. Also, your child does not have to answer any test questions he/she does not want to answer.**

Your district and school have decided to make this study a regular part of their program this year. This means that your child will take part in this study unless you sign the form below. If you **DO NOT** want your child to be a part of this study, please put your child's name on the form and sign it. If you have any questions, please email me at ctran@inresg.org or call (714) 826-9600.

Sincerely,

Christopher Tran
Study Manager

NOTE: Information collected for this study comes under the confidentiality and data protection requirements of the Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). Responses to this data collection will be used only for statistical purposes. The reports prepared for the 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 district or your school to anyone outside the study team, except as required by law.

To Whom It May Concern,

I have read the letter. I have received a copy of the project description and hereby request that my child

_____ be excluded from the study.
(child's name)

My child attends _____ Elementary School.

I understand that my child will still attend their regular classroom as assigned by the school per their policies, in which the teacher has decided to participate in the study. **However, my child will not take the math test, nor will their school records be accessed for this study.**

Parent/Guardian Signature

Date