

APPENDIX E

ACTIVE AND PASSIVE PARENT PERMISSION FORMS

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ACTIVE PARENT PERMISSION

[month] [year]

Dear Parent or Guardian,

The Institute of Education Sciences (IES) in the U.S. Department of Education is sponsoring a study aimed at improving teachers' instruction by providing feedback to teachers based on multiple video recordings of their teaching. This requires that teachers be recorded in their classroom while teaching actual classes.

The U.S. Department of Education selected Mathematica Policy Research to lead this study. Mathematica is a nonpartisan research firm that designs studies, collects data, and conducts analysis for the federal and state governments, foundations, and the private sector.

I am writing to request permission for your child to be included in the video recordings of his or her teacher's classes, which will take place 6 to 15 times during the school year.

Please know that:

- **your child's identity**, as well as that of other students, schools, and teachers will be kept **confidential**;
- video recordings will **only be used for assessing teacher instruction** and to **help teachers improve** their practices; they will not be used to evaluate any student's performance;
- video recordings will **only be viewed by the study team**; and
- video recordings **will be destroyed** at the end of the study.

Students are *not* the focus of the recordings, but interactions between the teacher and some students may be captured in the recordings. All information you provide will be kept strictly confidential and will not be shared with anyone outside the study team, and neither your name nor your child's name will be identified in any study reports.

A trained study team member will conduct the video recordings. They will make every effort to avoid disrupting the class and only about 30 minutes of instruction will be video recorded on each visit. Allowing your child to be included in these recordings is voluntary; refusing permission will in no way affect your child's grade.

If you allow your child to be included in these recordings, you or your child can choose to stop participation at any time with no consequences. If you do not allow your child to be included in the recordings, we will ask the teacher to seat your child outside the range of the camera while the classroom is being recorded.

Please let us know whether you will allow your child to be included in the study recordings of his or her teacher's class by completing the attached pink form. If you give your permission for your child to be included in the recordings, please check "yes" and sign the attached pink form, and have your child return it to his or her teacher by [month] [day]. Please keep the blue form and this letter for your records. If you have questions about this study or about your child's participation, please call Sheila Heavside, Mathematica's Survey Director, toll-free, at [1-XXX-XXX-XXXX] between 9 a.m. and 5 p.m. Eastern Standard Time, Monday-Friday or email the study team at [xxxxx]. For more information about Mathematica, please visit our website at www.mathematica-mpr.com.

Sincerely,

Susanne James-Burdumy, Ph.D.
 Project Director

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxx-xxxx. The time required to complete this information collection is estimated to average 15 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the parent permission form. If you have any comments concerning the accuracy of the time estimate 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 content or the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202.

ACTIVE PARENT PERMISSION FORM

Impact Study of Feedback for Teachers Based on Classroom Videos

VIDEO RECORDING PARENT PERMISSION FORM

[Month] [Year]

Please complete the following form and have your child return it to his/her teacher by [day of week] [month] [day].

I have read the attached information sheet describing the study. By signing this form, I am saying:

YES, I give my permission for my son/daughter to be included in the video recordings of his or her teacher's 4th or 5th grade class by Mathematica Policy Research.

OR

NO, I do not give permission for my son/daughter to be included in video recordings of his or her teacher's 4th or 5th grade class by Mathematica Policy Research. I request that my child be seated outside the range of the camera while the class is being video recorded.

YOUR CHILD'S NAME

YOUR CHILD'S TEACHER'S NAME

PARENT OR GUARDIAN SIGNATURE

DATE

PARENT OR GUARDIAN NAME (PLEASE PRINT)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **xxxx-xxxx**. The time required to complete this information collection is estimated to average 15 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the parent permission form. If you have any comments concerning the accuracy of the time estimate 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 content or the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202.

PASSIVE PARENT PERMISSION

[month] [year]

Dear Parent or Guardian,

The Institute of Education Sciences (IES) in the U.S. Department of Education is sponsoring a study aimed at improving teachers' instruction by providing feedback to teachers based on multiple video recordings of their teaching. This requires that teachers be recorded in their classroom while teaching actual classes.

The U.S. Department of Education selected Mathematica Policy Research to lead this study. Mathematica is a nonpartisan research firm that designs studies, collects data, and conducts analysis for the federal and state governments, foundations, and the private sector.

Your child's classroom will be video recorded 6 to 15 times during the school year.

Please know that:

- **your child's identity**, as well as that of other students, schools, and teachers will be kept **confidential**;
- video recordings will **only be used for assessing teacher instruction** and to **help teachers improve** their practices; they will not be used to evaluate any student's performance;
- video recordings will **only be viewed by the study team**; and
- video recordings **will be destroyed** at the end of the study.

Students are *not* the focus of the recordings, but interactions between the teacher and some students may be captured in the recordings. All information you provide will be kept strictly confidential and will not be shared with anyone outside the study team, and neither your name nor your child's name will be identified in any study reports.

A trained study team member will conduct the video recordings. They will make every effort to avoid disrupting the class and only about 30 minutes of instruction will be video recorded on each visit. Allowing your child to be included in these recordings is voluntary; refusing permission will in no way affect your child's grade. If you allow your child to be included in these recordings, you or your child can choose to stop participation at any time with no consequences. If you do not allow your child to be included in the recordings, we will ask the teacher to seat your child outside the range of the camera while the classroom is being recorded.

If you do NOT choose to give permission for your child to be included in the study recordings of his or her teacher's class, please complete the attached pink form and have your child return it to his or her teacher by [month] [day]. Please keep the blue form and this letter for your records. If you have questions about this study or about your child's participation, please call Sheila Heaviside, Mathematica's Survey Director, toll-free, at [1-XXX-XXX-XXXX] between 9 a.m. and 5 p.m. Eastern Standard Time, Monday-Friday or email the study team at [xxxxx]. For more information about Mathematica, please visit our website at www.mathematica-mpr.com.

If you give permission for your child to be included in the study recordings of his or her teacher's class, you do not need to return any forms (you can just retain them for your records).

Sincerely,

Susanne James-Burdumy, Ph.D.
Project Director

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 15 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the parent permission form. If you have any comments concerning the accuracy of the time estimate 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 content or the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202.

PASSIVE PARENT PERMISSION FORM

Impact Study of Feedback for Teachers Based on Classroom Videos

VIDEO RECORDING PARENT PERMISSION FORM

[SCHOOL ID-STUDENT MPRID]

[Month] [Year]

Please complete and sign the following form if you do not give your permission to allow your child to be included in video recordings. Please have your child return it to his/her teacher by [day of week] [month] [day].

I have read the attached information sheet describing the study. By signing this form, I am saying:

NO, I do not give permission for my son/daughter to be included in video recordings of his or her teacher's 4th or 5th grade class by Mathematica Policy Research. I request that my child be seated outside the range of the camera while the class is being video recorded.

YOUR CHILD'S NAME

YOUR CHILD'S TEACHER'S NAME

PARENT OR GUARDIAN SIGNATURE

DATE

PARENT OR GUARDIAN NAME (PLEASE PRINT)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxx-xxxx. The time required to review this request and to complete this information collection is estimated to average 15 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the parent permission form. If you have any comments concerning the accuracy of the time estimate 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 content or the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202.