**International Computer and Information Literacy Study (ICILS 2018) Pretest**

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Appendices

Communication Materials

Submitted by:

National Center for Education Statistics (NCES)

Institute of Education Sciences (IES)

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Table of Contents

[Appendix A: Recruitment E-mail/Letter to Youth Organizations 3](#_Toc491949733)

[Appendix B: EurekaFacts LLC Recruitment Phone Script for Community Centers and Organizations 4](#_Toc491949734)

[Appendix C: Recruitment Internet/Newspaper Advertisement/Flyer/Information Brochure 6](#_Toc491949735)

[Appendix D: E-mail/Letter Recruiting Parents or Legal Guardians of Student (under age 18) Participants 7](#_Toc491949736)

[Appendix E: EurekaFacts LLC Recruitment Phone Script for Parents/Guardians of Student Participants 8](#_Toc491949737)

[Appendix F: EurekaFacts LLC Recruitment Phone Script for Student Participants 12](#_Toc491949738)

[Appendix G: Frequently Asked Questions (FAQs) 14](#_Toc491949739)

[Appendix H: Consent Form for Parent/Guardian of Student Participants 15](#_Toc491949740)

[Appendix I: Day of Research Session Reminder E-mail 17](#_Toc491949741)

[Appendix J: EurekaFacts Confirmation of Research Session (Email/Letter) to Student Participant 18](#_Toc491949742)

[Appendix K: EurekaFacts Confirmation of Participation (Email/Letter) to Parent/Guardian of Student Participant 19](#_Toc491949743)

[Appendix L: Thank You E-mail/Letter to Parent/Guardian of Student Participants 20](#_Toc491949744)

**Appendix A: Recruitment E-mail/Letter to Youth Organizations**

*IF SENT AS E-MAIL -* Subject: Education Research Opportunity for Students in Grade 8 for ICILS>

<DATE>

Dear <NAME>,

My name is <CONTACT NAME> and I am contacting you from EurekaFacts, a local research company carrying out an important study for the U.S. Department of Education’s National Center for Education Statistics (NCES). Because you are a leader in youth outreach, we are contacting you to ask for your help in spreading the word about this exciting research opportunity.

We are recruiting students who are in eighth grade to participate in research sessions supporting the development of questions for the International Computer and Information Literacy Study, also known as ICILS, a computer-based international assessment of eighth-grade students’ computer and information literacy skills. The research session is a real-world test of the ICILS computer systems with students, allowing the systems to be tested in the manner that will be used in the international study to help identify system issues early in the software development process. All sessions will be scheduled for about 3 hours each. Students will receive a $50 gift card to thank them for participating in the research session. If a parent or legal guardian brings their student to and from the research session site, they will also receive a $50 gift card to thank them for their time and effort.

Students will be assigned a unique student identifier (ID), and at no time will their names be linked to any of their answers. Students’ responses may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). Audio and video of the research session will be recorded for analysis, but no personally identifying information will be recorded or retained.

We would like to ask for your assistance in letting parents/legal guardians and students know how they can help shape this international assessment to be conducted in the United States. The feedback we receive from students on these questions will help to allow for issues to be identified and addressed prior to the operational use of the system.

I have included a brochure with a short description of this research study in the hope that you might pass it along to anyone who may be interested.

Thanks again for your consideration and assistance. We look forward to speaking with you, and please do not hesitate to contact me with any questions regarding this project or our company.

ATTACH: Brochure[[1]](#footnote-1)

Sincerely,

<CONTACT NAME>

<JOB TITLE>

EurekaFacts <CONTACT PHONE>

**Appendix B: EurekaFacts LLC Recruitment Phone Script for Community Centers and Organizations**

*Hello. May I please speak to* <NAME OF CONTACT AT COMMUNITY CENTER>?

*Good morning/afternoon/evening. My name is <CONTACT NAME> and I am contacting you from EurekaFacts, a local research company carrying out an important study for the U.S. Department of Education’s National Center for Education Statistics (NCES). Because you are a leader in youth outreach, we are contacting you to ask for your help in spreading the word about this exciting research opportunity.*

*We are recruiting students who are in eighth grade to help us evaluate computer-based questions that are part of a test called the International Computer and Information Literacy Study, which is delivered to students in other countries and the United States. [If community center or organization asks what ICILS is: This international assessment is computer-based assessment administered periodically to students in middle schools throughout the United States and in other countries.]*

*We would like to ask for your assistance in letting parents and students know how they can get involved and help shape this international assessment. The feedback we receive from students on these questions will allow for issues to be identified and addressed prior to the operational use of the system. I also want to assure you that students’ responses may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).*

*Each student who participates will receive a $50 gift card to thank them for participating. The student’s parent or guardian will also receive a $50 gift card to thank them for their time if they bring their child to and from the research study site.*

*We would like your help in distributing and posting informational flyers. We will follow up directly with those who contact us. We will hold sessions at <LOCATION>, <ADDRESS>.*

*Would your <community center or organization> be interested in participating in or helping us to recruit students for this research study?*

If NO: *Thank you for your time. Have a wonderful day/evening.* [END CALL]

If YES: *Good, thank you very much. To ensure that we have a broad mix of students to participate in the research session, I have a few brief screening questions to ask you. It should take only a few minutes.*

***Screener***

[Recruiter: Determine recruitment needs in advance. Look in public documents and the website to find what grades the community center or organization includes, as well as the size, socio-economic status (SES), and racial/ethnic makeup of the student population. Record all responses to Screener questions. End Screener at whatever point the staff member gives a response that confirms that their group has already been sampled adequately. End Screener Script: “*Based on the requirements of this study, we are not able to include your students in the research study at this time. Thank you for your time. Have a good day/evening.”* [Interviewer: End call]]

*1. Do you have <a child or children> who are in grade 8 who might be available to participate in the study?*

If NO: *Thank you for your time. Have a wonderful day/evening.* [END CALL]

If YES: *Great.*

*2. Would you be able to distribute and post flyers regarding this study?* After receiving a contact of interest, a EurekaFacts staff member would follow up with the parent/legal guardian by phone and ask them some screening questions to ensure that a diverse sample of students is included in this study.

If **NO:** *Thank you for your time. Have a good day/evening.* [Interviewer: End call]

If **YES:** *Great, if you are able to distribute and post flyers regarding the study, EurekaFacts staff can follow up with interested parent/legal guardian by phone to make arrangements to participate.*

*Thank you for taking the time to answer the screening questions. Your <community center or organization> is generally eligible to participate in the research study****.***

**(Closing)**

*Thank you for agreeing to disseminate information about this important research study. We will send you an email with the informational flyers attached.*

*We may need to reach you by telephone. Is the number I called the best number to use?*

*Do you have any questions at this time?* [Recruiter: Answer any questions.]

*If you have any (additional) questions, please call <*PHONE NUMBER>.

*Thank you again for agreeing to be part of this important research project.*

**Appendix C: Recruitment Internet/Newspaper Advertisement/Flyer/Information Brochure**



EurekaFacts, a local research company, is carrying out an important study for the U.S. Department of Education’s National Center for Education Statistics (NCES). If your child is currently in grade 8 we need their help to evaluate questions that will be used for International Computer and Information Literacy Study (ICILS). Students’ input will help to allow for issues to be identified and addressed prior to the operational use of the system.

EurekaFacts will provide a $50 gift card to each student who participates in the study, plus a $50 gift card to the parent/legal guardian who brings their child to and from the research session location (one session per student). Sessions will be in October and December and may be scheduled after school and on weekends. The session will last about 3 hours. Please call, text, or e-mail us now for more information about this opportunity!

Call or text: **<CONTACT PHONE>** or

E-mail: <**E-MAIL ADDRESS**> or

Visit our website for more information about EurekaFacts: <http://www.eurekafacts.com>

**Appendix D: E-mail/Letter Recruiting Parents or Legal Guardians of Student (under age 18) Participants**

*IF SENT AS E-MAIL -* Subject: Education Research Study Opportunity for Students in Grade 8

Dear <NAME>:

My name is <CONTACT NAME> and I am contacting you from EurekaFacts (<http://www.eurekafacts.com>), a local research company. We are carrying out an important study for the National Center for Education Statistics (NCES), part of the U.S. Department of Education.

NCES is conducting a research study with students who are in eighth grade about questions that will be used for the International Computer and Information Literacy Study (ICILS). Students’ input will help to allow for issues to be identified and addressed prior to the operational use of the system.

Your child will be provided a brief introduction at the beginning of their session. He or she will learn about the study session process and the task(s) he or she will be completing. The research session is a real-world test of the ICILS system with students, allowing the systems to be tested in the manner that will be used in the international study to help identify system issues early in the software development process.

The research session for your child will take place at <LOCATION> and will last about 3 hours. Your child will be assigned a unique student identifier (ID), and at no time will his/her name be linked to any of his/her answers. Your child’s responses may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). Audio and video of the session will be recorded for analysis, but no personally identifying information will be recorded or retained.

Your child will receive a $50 gift card at the conclusion of the session as a thank you for his or her participation. If a parent or legal guardian brings their student to and from the study site, they will also receive a $50 gift card as a thank you for their time and effort.

If your child is interested in participating in this voluntary research study, please call <CONTACT PHONE> or e-mail <CONTACT E-MAIL>. We look forward to speaking with you soon!

Thank you,

<NAME>

<JOB TITLE>

EurekaFacts

<CONTACT PHONE>

**Appendix E: EurekaFacts LLC Recruitment Phone Script for Parents/Guardians of Student Participants**

**(Script when calling parents/guardians from a previously compiled list)**

*Good morning/afternoon/evening. Is this the* <NAME FROM CALL LIST> *household? My name is* <CALLER NAME>*, and I am calling from EurekaFacts, a local research company. We are recruiting students for a study being conducted on behalf of the U.S. Department of Education’s National Center for Education Statistics. This study is strictly for research purposes. Your participation is voluntary, and you will receive no sales pitch or follow-up calls based on your participation. I’d like to tell you a little bit about the study first; is now a good time? (YES or NO and call back later)*

*We are recruiting students who are in eighth grade to help us evaluate computer-based questions that are part of a study called the International Computer and Information Literacy Study, which is delivered to students in other countries and nationwide in the United States.* [If parent/guardians asks what ICILS is: *This international assessment is computer-based assessment administered periodically to students in middle schools throughout the United States and in other countries.]*

1. *Are there any students in your household who are in eighth grade?*

|  |  |  |
| --- | --- | --- |
|  | SELECT ONE |  |
| Yes | 1 | →(CONTINUE) |
|  |  |  |
| No | 2 | →(THANK AND TERMINATE) |

*We are conducting a research study to explore how students work through these questions. Our goal is to identify and address any issues prior to the operational use of the system. If selected to participate, your child will receive a $50 gift card* to thank <*him* OR *her*> *for* <*his* OR *her*> *time. In addition, if a parent or legal guardian brings your child to and from the study session site, he or she will also receive $50 as a thank you for their time and effort.*

*The research session will take place at <*NAME OF RESEARCH STUDY SITE AND LOCATION> at <<TIME AND DATE>>. *The session will last about 3 hours. The research session is a real-world test of the ICILS system with students, allowing the systems to be tested in the manner that will be used in the international study to help identify system issues early in the software development process. The session will be video and audio recorded so that it can be reviewed by researchers on the study, but the recordings will be destroyed at the end of the study and the information may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).>*

1. *If your child qualifies, do you give your permission for us to invite your child to participate?*

|  |  |  |
| --- | --- | --- |
|  | SELECT ONE |  |
| Yes | 1 | →(CONTINUE) |
|  |  |  |
| No | 2 | →(THANK AND TERMINATE) |

1. *What is your child’s sex?* → (READ THE QUESTION AND RESPONSE OPTIONS)

|  |  |  |
| --- | --- | --- |
|  | SELECT ONE |  |
| Male | 1 |  |
| Female | 2 |

1. *Would you like me to send the consent form by e-mail or by FedEx mail?*

|  |  |
| --- | --- |
| SELECT ONE |  |
| e-mail | →(CONTINUE TO 5A) |
|  |  |
| postal mail | →(CONTINUE TO 5B) |

5A. *What is your e-mail address?*

RECORD PARENT’S/GUARDIAN’S EMAIL ADDRESS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5B. *For sending the consent form via FedEx, we need your mailing address and a telephone number. What mailing address and phone number should we use?*

[IF PARENT/GUARDIAN PROVIDES A P.O. BOX, NOTE THAT FEDEX DOESN’T DELIVER TO P.O. BOXES SO WE NEED A STREET ADDRESS]

RECORD PARENT’S/GUARDIAN’S MAILING ADDRESS AND PHONE NUMBER:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The next few questions are for classification purposes only.*

1. *Does your child participate in the National School Lunch program?*

|  |  |
| --- | --- |
|  | SELECT ONE |
| Yes | 1 |
| No | 2 |
| Prefer not to answer | 3 |

1. *Do you speak a language other than English at home?*

|  |  |  |  |
| --- | --- | --- | --- |
|  | SELECT ONE |  |  |
| Yes | 1 | (CONTINUE TO 7A) |  |
| No | 2 |  |
| Prefer not to answer | 3 |  |  |

*7A. What is this language? (For example: Korean, Italian, Spanish, Vietnamese)*

|  |  |  |
| --- | --- | --- |
|  |  |  |

1. *Is your child Hispanic or Latino?* (DO NOT READ)

|  |  |
| --- | --- |
|  | SELECT ONE |
| Yes | 1 |
| No | 2 |
| Prefer not to answer | 3 |

1. *Which of the following categories best describes your child’s ethnic or racial background?* (READ LIST)

|  |  |  |  |
| --- | --- | --- | --- |
|  | SELECT ALL THAT APPLY | | |
| American Indian or Alaska Native | | 1 |  | |
| Asian | | 2 |
| Black or African American | | 3 |
| Native Hawaiian or Other Pacific Islander | | 4 |
| White | | 5 |
| Prefer not to answer | | 6 |  | |

1. *We are conducting study sessions in October and December. If your child chooses to participate, which month would work best for you to take [HIM/HER] to the study session? .<<OR, WE ARE CONDUCTING STUDY SESSIONS ON DATE. WILL YOUR CHILD BE ABLE TO PARTICIPATE ON THAT DATE>>*

[CHECK SCHEDULE FOR RESPONDENT’S AVAILABLE TIMES.]

RECORD THE PREFERRED MONTH:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *Now that you have agreed for your child to participate in the study if he/she is selected, I would like to be able to ask your child a few questions, during which you are welcome to stay on the line. Is he/she available to speak with me at this time?* **(If not, get a call back time and call back)** *What is your child’s name?*

RECORD NAME:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Again, you are welcome to stay on the line, but please allow your child to speak for him/herself. Thank you.*

**Appendix F: EurekaFacts LLC Recruitment Phone Script for Student Participants**

|  |
| --- |
| **RECRUITER: Please determine how talkative and articulate the student is. It is critical that we speak with students who are comfortable expressing themselves with someone they are meeting for the first time. Please use your best judgment and recruit only students that are thoughtful and freely express themselves in a manner that is relevant to the topic being discussed.**  **All recruits MUST be articulate students who can answer open ended questions, and can provide support or explanation for their responses (e.g., “I like it because...,” “I don’t like it because...”)**  **DO NOT recruit any who have difficulty answering these questions, whose parent/guardian answers FOR them, who seem hesitant or shy speaking with you (as an adult they do not know), who answer “I don’t know,” or who CANNOT provide an explanation supporting their responses.** |

Hi, *<STUDENT’S NAME>*. *My name is and I have been speaking with your parent/guardian for a few minutes.*

*As I explained to your parent/guardian, I work for a research company and we are conducting an important study to help us evaluate questions for an international student assessment, the International Computer and Information Literacy Study, or ICILS.* *For the study session, if you agreed to participate, you would be asked to visit* <LOCATION> *and complete computer-based questions. Your response would not be graded. The National Center for Education Statistics (or NCES) simply wants to know how you answer the questions.*

*The research session is a real-world test of the ICILS system with students, allowing the systems to be tested in the manner that will be used in the international study to help find problems during the development process. All sessions will be scheduled for about 3 hours each. You will receive a $50 gift card to thank you for participating in the research session. If a parent or legal guardian brings you to and from the session site, they will also receive a $50 gift card to thank them for their time and effort.*

*During the session, we would use a video recorder and an audio recorder so that, later on, researchers who are part of the study could review what you talked about with the researcher. We would destroy the tape recordings after the study is over, and, as I said before, your responses would be used to improve the national test so that it works well for all students. We would not use your name to identify you in any of our records.*

1. *Do you think you would be interested in participating if selected?*

|  |  |  |
| --- | --- | --- |
|  | SELECT ONE |  |
| Yes | 1 | →(CONTINUE) |
|  |  |  |
| No | 2 | →(READ THE FOLLOWING) |

*Thank you for your time. I will need to let your parent/guardian know that you would not like to participate. Is he or she available?*

TO PARENT/GUARDIAN: *Your child has decided not to participate, but I would like to thank you very much for taking the time to speak with us about this opportunity.*

1. *What grade are you in?*

RECORD GRADE

(MUST BE in eighth grade OTHERWISE THANK AND TERMINATE)

1. *What type of school do you currently attend?* (READ LIST)

|  |  |  |
| --- | --- | --- |
|  | SELECT ONE |  |
| Public school | 1 | →(CONTINUE) |
| Private school | 2 |
|  |  |  |
| Don’t know | 3 | →(THANK AND TERMINATE) |

1. *You qualify to participate in a study session with a researcher in* < LOCATION>*. Your mother/father is available to bring you to the research study on* <DAY/DATE AND TIME*>. The session will last about* 3 hours*. You will receive $50 for participating. Your parent/guardian gave permission for you to attend if you are available. Will you be able to attend the session?*

|  |  |  |
| --- | --- | --- |
|  | SELECT ONE |  |
| Yes | 1 | →(CONTINUE) |
|  |  |  |
| No | 2 | →(THANK AND TERMINATE) |

1. *To attend the session and receive the $50 we must receive the parental consent form that we will* [*e-mail* OR *send by FedEx*] *to your parent/guardian. Your parent/guardian can scan and e-mail the consent form to us, or you can bring it with you and give it to the study leader. Do you understand that you must have a completed and signed parental consent form to participate?*

|  |  |
| --- | --- |
|  | SELECT ONE |
| Yes | 1 |
|  |  |
| No | 2 |

*Thank you. We look forward to seeing you at the research session.*

[END OF SCREENER]

**Appendix G: Frequently Asked Questions (FAQs)**

**Frequently Asked Questions**

**(From Consent Form)**

1. **What is this study about?**

The National Center for Education Statistics (NCES), part of the U.S. Department of Education, is conducting a study with students who are in eighth grade about questions that will be used for the International Computer and Information Literacy Study (ICILS). Students’ input will help to allow for issues to be identified and addressed prior to the operational use of the system.

1. **Where will the research session take place?**

The study session will take place at <NAME OF RESEARCH SESSION LOCATION>, located at <LOCATION>. There will not be more than one adult present in the room.

1. **What will happen during the research session?**

At the start of a session, the participating student will be given a brief introduction to the process and to the task(s) he or she will be asked to complete. Following this introduction, the student will be asked to complete a real-world test of the ICILS system, allowing the systems to be tested in the manner that will be used in the international study to help identify system issues during the software development process.

1. **How long will the research session last?**

The session will last about 3 hours. The session requires only one visit to the site.

1. **Will you keep information private and confidential?**

The participating student will be assigned a unique student identifier (ID), and at no time will his/her name be linked to any of his/her answers. The student’s responses may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). Audio and video of the session will be recorded for analysis, but no personally identifying information will be recorded or retained.

1. **Will the results go to the particating student’s school?**

The participating student’s answers will not be disclosed to his/her school and will not be linked to any personally identifiable information, such as the school’s name.

1. **What are the possible risks of being in the study?**

There are no known risks to participating in this study.

1. **Whom can I contact with questions or for further information?**

<CONTACT NAME> is coordinating this session at EurekaFacts on behalf of NCES. If you have any questions, please call <CONTACT PHONE> or e-mail <CONTACT E-MAIL>.

1. **Is participation required?**

Participation in this study is completely voluntary. The participating student has the right to refuse to answer particular questions. The student may elect to withdraw from this study at any time and can end early if he/she wishes.

**Appendix H: Consent Form for Parent/Guardian of Student Participants**

PARENTAL CONSENT FORM

FOR PARTICIPATION IN RESEARCH

Thank you for your interest in participating in the research study described below. This consent form explains the research study. Please read it carefully and feel free to ask questions about anything you do not understand. If you do not have questions now, you may ask them later as they occur to you.

1. **What is this study about?**

The National Center for Education Statistics (NCES), part of the U.S. Department of Education, is conducting a study with students who are in eighth grade about questions that will be used for the International Computer and Information Literacy Study (ICILS). Students’ input will allow for issues to be identified and addressed prior to the operational use of the system.

1. **Where will the study sessions take place?**

The study sessions will take place at <NAME OF RESEARCH STUDY LOCATION>, located at <LOCATION>. There will not be more than one adult present in the room.

1. **What will happen during the research session?**

At the start of the session, your child will be given a brief introduction to the session process and to the task(s) he or she will be asked to complete. Following this introduction, your child will complete the task and discuss in a group setting with other students what he/she thought about while working through the task.

1. **How long will the research session last?**

The session will last about 3 hours. The session requires only one visit to the site.

1. **Will you keep information private and confidential?**

Your child will be assigned a unique student identifier (ID) and at no time will his/her name be linked to any of his/her answers. Your child’s responses may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). Audio and video of the session will be recorded for analysis, but no personally identifying information will be recorded or retained.

1. **Will the results go to my child’s school?**

Your child’s answers will not be disclosed to his/her school and will not be linked to any personally identifiable information, such as the school’s name.

1. **What are the possible risks of being in the study?**

There are no known risks to participating in this study.

1. **Whom can I contact with questions or for further information?**

<CONTACT NAME> is coordinating this session at EurekaFacts on behalf of NCES. If you have any questions, please call <CONTACT PHONE> or e-mail <CONTACT E-MAIL>.

1. **Is participation required?**

Participation in this study is completely voluntary. Your child has the right to refuse to answer particular questions. Your child may elect to withdraw from this study at any time and can end early if he/she wishes.

By signing below, you agree that your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, may participate in this study and that we may record your child’s conversation with the researcher. Your child will receive $50 at the conclusion of the session.

In addition, if transportation to the site is involved, you will receive $50 to thank you for bringing your child to and from the research session site.

Your signature below will indicate that your questions have been answered satisfactorily, and that you have read and understood the information provided above.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix I: Day of Research Session Reminder E-mail**

Dear <NAME>:

Thank you for agreeing to help us try out new computer-based questions from the International Computer and Information Literacy Study (ICILS). This is a friendly reminder that <your child has OR you have> been scheduled to participate in a study at the following location and date/time:

**LOCATION: Location Address**

**DATE: Day of Week, Month Day, Year**

**TIME:** **XX:XX AM/PM**

**GIFT CARD: <Your child OR You> will receive a $50 gift card to thank <them for their OR you for your> participation. If <you bring your child OR your parent or legal guardian brings you> to and from the research session, <you OR he or she> will also receive $50 as thanks for <your OR their> time.**

**PLEASE BRING THE FOLLOWING ITEMS TO THE RESEARCH SESSION:**

**<**

* Parent/guardian valid picture ID – this is required for participation.
* Signed parent/guardian consent form (attached), if not we have copies available in person when you arrive.
* If your child uses eyeglasses for reading or watching TV, they should wear them during the study session.

OR

* Your valid picture ID – this is required for participation.
* Signed consent form (attached), if not we have copies available in person when you arrive.
* If you use eyeglasses for reading or watching TV, you should wear them during the study session.

>

Thank you for volunteering in this very important research for NCES. We look forward to seeing you. If you have any questions about the study, please contact <EurekaFacts CONTACT NAME> at <CONTACT INFORMATION>.

Sincerely,

<NAME>

<EurekaFacts>

<CONTACT INFORMATION>

**Appendix J: EurekaFacts Confirmation of Research Session (Email/Letter) to Student Participant**

<DATE>

*IF SENT AS E-MAIL -* Subject: Confirmation of Your Participation in our Research Study

Dear <NAME>:

Thank you for agreeing to help us try out new computer-based questions from the International Computer and Information Literacy Study (ICILS). Your comments, along with the comments of other students, will help us identify and address issues prior to the operational use of the system. You will not be graded on your work.

Your participation is totally voluntary. All of your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).

The research session will last about 3 hours. **We will begin promptly at** <**TIME>** and it is important that you arrive 15 minutes early to check in. If you are late, we cannot guarantee that you will be be able to participate and receive the $50.

**LOCATION: <ADDRESS>**

**DATE: <DATE>**

**TIME:** **<TIME>**

**GIFT CARD: You will receive $50 to thank you for your participation. If your parent or legal guardian brings you to and from the research session, he or she will receive $50 to thank them for bringing you.**

**PLEASE BRING THE FOLLOWING ITEMS TO THE STUDY SESSION:**

* Signed <parent/guardian> consent form, if not previously provided by e-mail.
* If you use eyeglasses for reading or watching TV, you should wear them during the study session.

If for any reason you cannot fulfill your commitment, DO NOT invite anyone else to take your place. Instead, please call us at <PHONE NUMBER> so we can find a replacement for you.

Thank you for volunteering in this very important research for NCES. We look forward to seeing you. If you have any questions about the study, please contact <EurekaFacts CONTACT NAME> at <CONTACT INFORMATION>.

Sincerely,

<NAME>

<EurekaFacts>

<CONTACT INFORMATION>

**Appendix K: EurekaFacts Confirmation of Participation (Email/Letter) to Parent/Guardian of Student Participant**

<DATE>

*IF SENT AS E-MAIL -* Subject: Confirmation of Your Child’s Participation in Research Study

Dear <NAME>,

Thank you for your support so that your child can participate in this important study about the International Computer and Information Literacy Study (ICILS). Your <son OR daughter> is scheduled for <his OR her> session on <DAY AND DATE> at <NAME OF RESEARCH STUDY LOCATION>, located at <LOCATION>, near <NEARBY LANDMARK OR METRO STATION>.

Your child’s participation is totally voluntary. All of <his OR her> answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).

**We will begin promptly at <TIME>** and it is important that you arrive 15 minutes early to check in. If you are late, we cannot guarantee that your child will be able to oparticipate and that you and your child will receive $50. The session will last about 3 hours.

Please read and sign the attached consent form. Your child can either bring the signed form to the session or you can scan it and e-mail it back. Without a signed form, your child cannot participate in the research study and receive the $50.

**PLEASE BRING THE FOLLOWING ITEMS TO THE RESEARCH SESSION:**

* Your valid picture ID is required for participation.
* Signed parent/guardian consent form, if not previously provided by e-mail (attached).
* If your child uses eyeglasses for reading or watching TV, he/she should wear them during the study session.

If for any reason you cannot fulfill your child’s commitment, DO NOT invite anyone else to take your child’s place. Instead, please call us at <PHONE NUMBER> so we can find a replacement for participating in the study.

Thank you for allowing your child to volunteer in this very important research for NCES. We look forward to seeing you. If you have any questions about the study, please contact <EurekaFacts CONTACT NAME> at <CONTACT INFORMATION>.

Sincerely,

<NAME>

<EurekaFacts>

<CONTACT INFORMATION>

Attachment: Consent Form for Parent/Guardian of Student Participants <*Appendix H>*

**Appendix L: Thank You E-mail/Letter to Parent/Guardian of Student Participants**

<DATE>

*IF SENT AS E-MAIL -* Subject: Thank you for your child’s participation in the ICILS Research Study

Dear <Name>,

On behalf of the National Center for Education Statistics (NCES), part of the U.S. Department of Education, thank you for allowing <CHILD’S NAME> to participate in the study for the [International](http://nces.ed.gov/nationsreportcard/) Computer and Information Literacy Study (ICILS). <CHILD’S NAME>’s input helped us identify and address issues prior to the operational use of the system. The assistance <he/she> provided, combined with input from other students, was incredibly useful and informative. We greatly appreciate you taking the time to bring <CHILD’S NAME> to and from the research study location to participate.

For more information on ICILS, please visit the NCES ICILS website at: <https://nces.ed.gov/surveys/icils/>.

Again, thank you for your assistance.

Sincerely,

<NAME>

EurekaFacts

<CONTACT INFORMATION >

1. Note: Text for the brochure can be found in Appendix C. [↑](#footnote-ref-1)