

**APPENDIX E**

**ACTIVE AND PASSIVE PARENT PERMISSION FORMS**

Dear Parent or Guardian,

Your child's school is participating in a national study sponsored by the U.S. Department of Education that will examine the effects of elementary schools using "Departmentalized Instruction". The goal of the study is to determine whether students learn more if they are taught by one teacher who focuses just on teaching math and another teacher who focuses on teaching reading (departmentalized instruction), *or* if they are taught by a single teacher who teaches *both* math and reading. To understand how these two approaches may affect students' learning, teachers need to be recorded in their classrooms while teaching math or reading.

The U.S. Department of Education selected Mathematica Policy Research to lead this study. Mathematica is a research firm that conducts studies for federal and state governments, foundations, and the private sector. For more information about Mathematica, please visit [www.mathematica-mpr.com](http://www.mathematica-mpr.com).

Your child's classroom will be video recorded this spring. The number of recordings per classroom will vary slightly, but typically a class will be recorded twice. 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 recorded on each visit.

Please know that:

- **Your child's identity**, as well as that of other students, teachers, and schools, **will be kept confidential** (per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183).
- Video recordings **will be used only to examine teacher instruction**. Interactions between the teacher and some students may be captured in the recordings, but they will not be used to examine any student's behavior or academic performance.
- Video recordings **will be viewed only by the study team**.
- Video recordings **will be destroyed** at the end of the study.

Allowing your child to be included in these recordings is voluntary; refusing permission will not affect your child's grade. If you allow your child to be included in the recordings, you or your child can choose to stop participating at any time. If you do not allow your child to be included, 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 allow your child to be included in the recordings by completing the attached pink form.** If you give your permission for your child to be included in the recordings, please check "yes" on the form; if you do not give permission, check "no." Then fill out the information at the bottom of the form, sign it, and have your child return it to his or her teacher within one week. Please keep this letter for your records. If you have questions about this study or your child's participation, please contact the study team toll-free between 9 a.m. and 9 p.m. Eastern Standard Time at [x-xxx-xxxx] or email us at [study email address] Monday through Saturday. Or, you can call or email Bryce Onaran, Mathematica's Deputy Survey Director, at 202-484-4524 or [bonaran@mathematica-mpr.com](mailto:bonaran@mathematica-mpr.com).

Sincerely,

Alison Wellington, 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-xxx]. The time required to complete this information collection is estimated to average 10 minutes, including the time to review and complete 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.

**Impact Evaluation of Departmentalized Instruction in  
Elementary Schools**

**CLASSROOM VIDEO RECORDING—PARENT PERMISSION FORM**

[Month, Year]

Please complete this form and have your child return it to his/her teacher within one week.

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 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 NAME)

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Approved by NEIRB [Date]

## Student's Assent for the Study of Math and Reading Instruction

### What is the study about?

The study will help your school district learn more about how to help teachers improve their teaching.

### Why are you video recording my classroom?

We will record your teacher's classroom to better understand their teaching.

### Who will see the recordings?

Only the people who are doing the study will see the recordings. When the study is over, all recordings will be destroyed.

### What if I am okay being included in the video recordings of my teacher's classroom?

If you are okay being included in the video recordings, mark "YES" below.

### What if I do not want to be included in the video recordings?

You do not have to be recorded if you do not want to be. If you do not want to be included, mark "NO" below. Your teacher will seat you where the camera cannot see you.

If you first decide to be in the recording, but then change your mind, you can stop being included in the recording by telling your teacher.

### Now that I know about the video recording, here is what I decided:

- YES, I will be included in the video recordings of my teacher's classroom**
- NO, I do not want to be included in the video recordings of my teacher's classroom**

\_\_\_\_\_  
Your name (printing is OK)

\_\_\_\_\_  
Date

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- Video recordings **will be viewed only by the study team**.
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If you do NOT give permission for your child to be included in the recordings, please complete the attached blue form and have your child return it to his or her teacher within one week. **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 the form (you can just retain the letter and form for your records).**

If you have questions about this study or about your child's participation, please contact the study team toll-free between 9 a.m. and 9 p.m. Eastern Standard Time at [x-xxx-xxxx] or email us at [study email address] Monday through Saturday. Or, you can call or email, Bryce Onaran, Mathematica's Deputy Survey Director, at 202-484-4524 or [bonaran@mathematica-mpr.com](mailto:bonaran@mathematica-mpr.com).

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[Month, Year]

Please complete and sign the following form only if you **do not** give your permission to allow your child to be included in video recordings of his or her teacher's classroom. Please have your child return it to his/her teacher within one week.

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)

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