

Appendix G

Approved Parent/Guardian Information Letter and Opt-in

**APPROVED BY
INTEGREVIEW IRB**

JULY 19, 2018

RG RESEARCH GROUP D/B/A

OMB Number: 1850-XXXX

Expiration Date: XX/XX/XXXX

Instructional Research Group

PARENT/GUARDIAN INFORMATION LETTER AND OPT-IN FORM

Dear Parent or Guardian,

Your district and school are taking part in a project. The goal is to determine the reliability of two math tests being used in your school. These tests help teachers understand how each student answers math problems. The money for this project comes from the U.S. Department of Education. Your child's teacher will give the test to your student. This is part of the school's practice. Then, another teacher will give the test to your student again in one week. The value to your child is that his/her teacher will have test scores from two time periods. This will help her make instructional decisions that fit your child's needs. The test scores will be used for the research only.

This project will not disturb your child's learning. There are no risks to your child's education. Since this study is for research only, the only other choice would be not to be in the study. We will need the following information about your child: age, gender, ethnicity, and race.

Student and teacher names will not be used in the final data files or reports. Student names will be taken out. Student numbers will be used. All information will be kept in private locked areas. Computer files will be password protected. Student tests will be destroyed at the end of the project. Electronic files with no student names will be stored indefinitely. We will write a report about what we find. All student information will be combined in the report. Individual students will not be identified. Your child's name and information will not be used during presentations.

Your district and school agreed to participate in this project. It is supported by the Georgia Department of Education. **If you want your child to be a part of this project, please put your child's name on the attached form. Sign and return it to your child's teacher.**

We recommend that you let your child be part of the project. He/She is likely to benefit from being part of it. But, you may choose not to let him/her participate. You can take your child out of the project at any time. We encourage all students to do their best on each test. However, your child does not have to answer any test questions he/she does not want to answer.

If you have any questions about the project at any time, or if you have a visual or other impairment and require this material in another format, please email Samantha Spallone at sspallone@inresg.org or call (714) 826-9600.

You will not lose any of your legal rights by signing this form.

If you have questions about your child's rights as a project subject, you may contact Integreview IRB at integreview@integreview.com or call 512-326-3001 or toll free at 1-877-562-1589 between 8 a.m. and 5 p.m. Central Time.

Sincerely,

Madhavi Jayanthi, Ph.D.
Co-Principal Investigator

APPROVED BY
INTEGREVIEW IRB
JULY 19, 2018
 RG RESEARCH GROUP D/B/A

OMB Number: 1850-XXXX
 Expiration Date: XX/XX/XXXX

Instructional Research Group

PARENT OPT-IN FORM

To Whom It May Concern,

I have read the Parent/Guardian information letter and hereby request that my child

_____ be included in the project.
 (PRINT child's FIRST name) (PRINT child's LAST name)

Math Teacher's Name: _____
 (PRINT math teacher's FIRST and LAST name)

School Name: _____
 (PRINT school name)

I understand that my child will take some tests in mathematics on two occasions.

I also understand that my child's school records (age, gender, ethnicity, race) will be accessed for the project.

 Parent/Guardian Signature

 Date

 PRINT Parent/Guardian Name

 You will receive a signed and dated copy of this consent form to keep.

STUDENT QUESTIONNAIRE

This questionnaire is to be completed at the same time as the consent form above.

Responses to this questionnaire will be used only for research purposes. The reports written for the project will summarize all participant's responses. We will not identify your child's name, district, or school to anyone outside the project team.

Child's Grade Level (Fall 2018): _____

Child's Date of Birth: ____ / ____ / _____ (DD/MM/YYYY)

Child's Gender (Check one): Male Female

Child's Race/Ethnicity (Check all that apply):

- African American/Black
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Pacific Islander
- White
- Hispanic/Latino
- Decline to Respond

THIS IS AN IMPORTANT DOCUMENT - KEEP FOR FUTURE REFERENCE

VERSION CONTROL

am/7-19-18