Appendix H

Approved Student Assent Form

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

STUDENT ASSENT FORM TO BE IN THE IKAN/GloSS STUDY

What You Are Being Asked to Do

You are being asked to be in a study. It will help teachers learn about ways to teach math.

What Will Happen in the Study

You will take a math test with your teacher. Then you will take the math test again with another teacher. The teacher is in your school. These tests will not hurt your grade. Your teacher will use your test grades to see how they can help you do better in math. The grades will also be used by the people in charge of the study. They want to see if the test helps your teacher understand how you learn math.

Keeping Your Information Private

Only the teachers who give you the test will know how you did. The group helping with the study will know your score. They will not know your name. Everything is private. Your name and your score will not be used in the report.

Benefits

Not everyone in this study will benefit. A benefit means that something good happens to you. We think the benefit will be that your teacher will learn how to teach you better.

You Can Leave the Study

You do not have to be in the study if you do not want to be. You will take this test anyway with your teacher. But the group doing the study will not see your grade. You can say no. No one will be mad at you. If you want to stop after we start, that's okay. Your parents or guardians said you can be in the study.

I agree to be in this study. I will take two math tests.

You will get a signed a dated copy of this assent to keep.

| Writing my name on this paper means that it was read to me. It means I want to be in the study. I know | |
|--|---|
| that the people doing the study may use the in | formation to write papers. I know that they will not use my |
| name. If I do not want to be in the study anymo | ore, I can tell the people doing the study or my teachers. |
| | |
| | |
| Student Signature | Date |
| J | |
| | |
| Student Printed Name | |
| | |
| | |

THIS IS AN IMPORTANT DOCUMENT - KEEP FOR FUTURE REFERENCE