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 1850-xxxx. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is *voluntary*. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your individual form, application or survey, please contact Janelle Sands at the Institute of Education Sciences (IES) at janelle.sands@ed.gov directly.

[school letterhead]

August XX, 2023

Dear Parent or Guardian:

[**Insert school**] is committed to our students’ academic success. As part of our commitment, we are working with the Regional Educational Laboratory (REL) Northeast & Islands to study a professional development program designed to help middle school math teachers teach math better. The purpose of this study is to learn more about how teachers can best support students in understanding proportional reasoning, which is a critical component of grade seven math and fundamental to later math success.

The purpose of this letter is to let you know that seventh grade students in [**school**] may be asked to complete math assessments related to this research in the fall and spring of this school year.

There are two types of data the research will collect about your child:

1. Assessment of mathematics knowledge and attitudes. The research team will collect two assessments of mathematics knowledge and two surveys about student attitudes towards math. These will each be collected twice: once before and once after instructional units on proportional reasoning are completed.

2. State records. The research team will request information about your child from the state in order to ensure that the program is effective for all types of students. This will include demographic information including your child’s age, grade level, gender, and race/ethnicity, as well as scores on state standardized math tests. It will also include information about your child’s eligibility for free or reduced-price lunch, student with disability status, and English learner status.

Your child’s privacy is extremely important to us. Because of this, we do several things to make sure that the data we collect about your child remains private. In this study, we will give your child a unique ID number. We only use this ID number—instead of your child’s name—to store the data we collect. The file connecting the ID numbers to students’ names is stored in a restricted location separate from the study data and is only accessible to the research team. When we are done collecting all the data for the study, we destroy the list so that it is impossible to link your child’s identity to any of the data. Only the research team will have access to the data. No one at your child’s school, including his or her teacher and principal, will have access to any data collected in this study.

We will never use your child’s name or the name of any student when we share any of the information collected in this study. The reports prepared for this study will summarize findings across the sample and will not associate responses with any specific individual. All the information we collect will only be used for research. Examples of some of the ways we might share the information we learn in this study are: with a large group of people at a conference, in a paper for a magazine, or with other teachers and educators.

**Risks**: This study presents *minimal risk* to your child. That is, students do not experience any risks beyond what they experience every day at school.

**Benefits**: There are no direct benefits to participants, however what we learn in this study may help improve math instruction that later benefits your child.

Participation in the study is voluntary. Students do not have to participate if they do not want to, and they will experience no repercussions at school if they decide not to participate. If your child does not take part in the study, the research team will not collect any data about your child.

**Confidentiality:** Students’ responses will not be connected to their personally identifiable information. Per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183, responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific school, district, or individual. Any willful disclosure of such information for nonstatistical purposes, except as required by law, is a class E felony. All data collected as a part of this research will be destroyed at the conclusion of the study, currently planned for August 31, 2026.

**If you do not give your permission for your child to participate in this research study, please let [SCHOOL\_CONTACT] know, writing him/her at [CONTACT\_EMAIL], or completing this form and dropping it off with him/her.**

*If you have questions about this research project or about your child’s rights as a participant, please contact Jill Battal of REL Northeast and Islands at (202) 403-5163*.

Sincerely,

[**insert district signatory]**

By signing this form, you are indicating that you have read and understand the information above and do **not** wish your child to participate in the study or for us to share your child’s information with the REL Northeast and Islands research team.

I do **NOT** want my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 Full Student Name

(Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) to participate in the evaluation being conducted by REL Northeast and Islands.

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_