

Dear Parent,

Researchers/Program Evaluators from (name of organization goes here) wish to conduct research/program evaluation in your child's classroom. The (name of project) is a (name of funder—if externally funded) funded project to (briefly describe study/project here in one to four sentences). This study/project will take approximately \_\_\_\_ days/lessons to complete. The purpose of this letter is to inform you about the project and to ask you for your permission to include your child in this research study/program evaluation.

The (name of project) project will (briefly describe study/project here in one to four additional and more specific descriptive sentences about how the project will play out in the classroom with teachers and/or students). If you decide to allow your child to participate, your child will be asked to (describe any surveys, assessments or forms they will complete). Parents will also be asked to (describe any surveys, assessments or forms they will complete).

As part of the use of the materials in your child's class, researchers will gather data that can be used to validate the effectiveness of the materials and to guide further refinement of them. Data will be gathered from students using surveys, informal interviews in the classroom, observations, and computer records. All recording and reporting of gathered data will utilize IDs and aliases that researchers cannot track back to individual students. There are no anticipated risks in this study.

Your child is not required to participate in the research study/program evaluation. If you give permission and your child doesn't want to participate; your child will not be required to take part. If your child does not participate in the study, he/she will be given other relevant work to do during the time that the study is being conducted. Even though you give permission for your child to participate now, you may decide at any later point to withdraw your permission. In that case, any data gathered from your child will be discarded and not analyzed or reported.

Please indicate whether or not you give permission for your child to participate in (name of project) research project/program evaluation by you and your child signing and returning this letter. You have been given two copies of this Informed Consent. Please sign both copies and retain one copy for your files. If you have any questions or concerns please feel free to contact me.

\_\_\_\_\_  
Researcher/Program Evaluator Signature

Name

Title

Organization

email:

Phone: (XXX) XXX-XXXX

Fax: (XXX) XXX-XXXX

\_\_\_\_\_  
Date

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**Please return this form by:** \_\_\_\_\_

Student's Name: \_\_\_\_\_

\_\_\_\_\_ Yes I give permission for data to be gathered from my child as part of the (name of project). I understand I may withdraw my permission for participation in this project at any time with no penalty to my child or myself.

\_\_\_\_\_ No, I do not give permission for data to be gathered from my child as part of the (name of project).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Youth Assent:** I understand that my parent(s) have given permission for me to participate in this study. If I decide not to, no one will be upset with me. I can ask any questions I may have and the teacher will help me understand what I'm supposed to do. By signing below I agree to be a part of this study.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_