Informed Consent Form – Parent / Guardian

**Project Title:** Why Middle School Students Have Higher Scores on Standardized Math Tests in Macon, Georgia, and Rochester, New York

**Learner Principal Investigator:** Antonio Scholar

**Learner Telephone Numbers:** 305.555.1234

**Learner E-mail:** ascholar@xyznet

**Faculty Advisor/ Faculty PI/ Dissertation Chair:** Joe Smith

**Faculty Telephone Numbers:** 301.555.1718

**Faculty E-mail:** jsmith@xyznet

**Location of Study:** Grady Middle School, Macon, Georgia; Brown Elementary School, Rochester, New York

Your child is being asked to participate in a research study conducted by [insert researcher’s name(s)] in partial fulfillment of the requirements for earning a Ph.D. [Master’s, other] from Union Institute & University in [enter location]. The researcher conducting this study will describe this study to you and answer all your questions. Please read the following information and ask any questions you might have before deciding whether to allow your child to take part in the study. Your child’s participation is entirely voluntary. Your child can refuse to participate without any penalty or loss of benefits to which she or he is otherwise entitled. Your child’s grades in any class or classes will not be affected by the decision to be in the study or not to be in the study. Your child can refuse to participate at any time, and your child can decline to answer any questions at any time. Your child can simply tell the researcher that she/he wishes to stop participating. All data collected before your child stops will be destroyed and not used in the data analysis or results of this study. The researcher will provide you with a copy of this consent form for your records. A summary of the study results will be provided to you upon request.

I will also interview your child’s teacher about math teaching methods, and I will observe the teacher, but I will not be observing specific students in the classroom. No information about your child who may be in a class when I am observing the teacher will be noted or recorded in any way.

**The purpose of this study** is to determine how students are taught and how they study math so that they do well on standardized math tests.

**If you agree to allow your child to be in this study, your child will be asked to:**

- Participate in a one-hour, audio-recorded interview. All interviews will take place at school at a time convenient for your child. I will ask questions about what your child likes about math and how your child studies before taking a standardized math test.
- Review a transcript of the interview tape for accuracy.

**The estimated length of time** that your child will be involved in this study is about two hours.

**Potential risks** of being in this study:

- Loss of confidentiality if the interview tape or transcript were lost or misplaced, and your child’s name were on the tape or in the transcript.
• These potential risks will be minimized through the use of number codes written on the tape label and used in the transcript.
• Your child’s name will not be used in the data analysis, final report of this study, or in any future journal articles or professional presentations. No one will know what your child talks about during the interview. The school counselor will be nearby but will not take notes or receive copies of transcripts or interview tapes.
• Your child may become emotional when discussing experiences when taking standard math tests.
• If your child becomes emotional at any time during this study, she/he may take a break for a few minutes before choosing to continue, reschedule, or withdraw from the study. All data collected before your child’s withdrawal will be destroyed and not used in the data analysis and written report.

Potential benefits of being in this study:
• Your child may benefit from the opportunity to talk about personal study habits, whether she/he enjoys math, and how she/he studies for standardized math tests.
• A better understanding of what middle school students like about math and how they study before taking a standardized math test that results in higher scores than those reported in middle schools in some other states.
• Information obtained during this study may assist math teachers in providing better instruction to middle school students in the future.

Compensation/Costs
Neither you nor your child will be paid to participate in this study, and participating will be at no cost to you or your child.

Confidentiality and Privacy Protections
Your child’s identity in this study will be treated as confidential through the use of an assigned number code and removal of any personally identifying information from the transcript of the interview tape. Results of the study, including all collected data, may be published in my dissertation, in future journal articles or professional presentations, and possible Internet sites and/or pages but will not give your child’s name or include any identifiable references to you or your child. However, any records or data obtained as a result of your child’s participation in this study may be inspected by the persons conducting this study and/or Union Institute & University’s Institutional Review Board, provided that such inspectors are legally obligated to protect any identifiable information from public disclosure, except where disclosure is otherwise required by law or a court of competent jurisdiction. These records will be kept private in so far as permitted by law. All study data will be stored in a locked file cabinet in my home for a minimum of three years as required by the IRB and then destroyed.

If we communicate by e-mail during this study, please be aware that e-mail is not a secure form of communication. However, my computer has security software, and I am the only person who has access to my e-mail account. No one else will read our communications.

Termination of Study
Your child’s participation in the study may be terminated by the investigator without your or your child’s consent under the following circumstances: Your child fails to appear for an interview or fails to respond to a request to set up a time for the interview on two occasions. This study may
need to be terminated without prior notice to, or consent of, participants in the event of illness or other pertinent reasons.

**Consent**
I have read and understand this consent form, and I voluntarily consent to my child’s participation in this research study. I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable federal, state, or local laws.

**Signatures**
Parent/ Guardian/ Legal Representative’s Name (printed): ________________________________
Parent/ Guardian/ Legal Representative’s Signature: ________________________________
Date: ____________________________________________________________________________

Principal Researcher’s Name (printed): _____________________________________________
Principal Researcher’s Signature: _____________________________________________
Date: ____________________________________________________________________________

Person obtaining consent, if other than principal investigator (printed):
______________________________________________________________
Signature: _______________________________________________________________________
Date: ____________________________________________________________________________

☐ Please send a summary of this research study to ________________________________.

☐ Please send a copy of my child’s interview tape to ________________________________.

**Note:** You may contact the individuals listed at the top of this form with any questions about this study. You may also contact the IRB Director at Union Institute & University with any questions about your rights as a participant at 800.486.3116, ext. 1153, or at irb@myunion.edu. In the event of a study-related emergency, contact the individuals listed at the top of this form and the IRB Director within 48 hours.