

Parent/Guardian Informed Consent Agreement

Please read this consent agreement carefully before you decide to allow your teen to participate in the study. Your teen will also receive an assent form; please review the assent form with your teen.

Purpose of the research study:

The purpose of this study is to learn more about how to best support teachers in their classroom interactions, lessons, and activities to enhance the motivation and engagement of their students. We would like to see if these supports provided to teachers improve students' interest in learning and school performance. Your teen is enrolled in a class with one of our participating teachers, and we want to learn about your teen's experiences in that classroom and in school more generally.

What your teen will do in the study:

We would like your permission for your teen to respond to surveys over the next year regarding his or her attitudes about learning and classroom experiences and behaviors. If your teen is enrolled in a class with one of our participating teachers for the whole year, then he or she will be asked to complete three brief surveys spread out across the fall, winter, and spring. If your teen is enrolled in a classroom with one of our participating teachers for half of the year, then he or she will be asked to complete a brief survey in the first months of the class and a brief survey in the last months of the class. If your teen agrees, the surveys will be completed at a time that is good for your teen and your teen's teacher. Your teen will be able to choose which questions she or he wants to answer and may stop the survey at any time.

For the purposes of observing classroom interactions and teaching, your teen's teacher will video record his or her classroom instruction up to two times each month. While your teen may appear on the recording, the focus is on the teacher who may receive feedback on teaching practices. If all the students in the video segments are consented for the study, then the segments from this class may also be used for teacher training purposes in training workshops or training materials we make accessible on University of Virginia controlled websites. Your teen will always be able to choose whether she or he wishes to sit beyond the reach of the videocamera.

We also would like your permission to allow the school to share information with us from school records, such as eligibility for the free/reduced priced meal program, attendance and performance on tests given by the school from the previous academic year and during the current academic year. This informational will be kept confidential as described below.

Time required: In total, the study will require about 60 to 90 minutes of your teen's time. Each survey your teen will be asked to complete will take about 30 minutes to complete.

Risks: There are no anticipated risks in this study. Your teen's grades will not be affected by whether or not your teen will participate in the study.

Benefits: There are no direct benefits to your teen for participating in this research study, although we expect to learn more about how to support teachers so that students feel more engaged in school and motivated to learn.

Confidentiality: The information that your teen gives in the study will be handled confidentially. Your teen's information will be assigned a code number. The list connecting your teen's name to this code will

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be kept in a locked file. When the study is completed and the data have been analyzed, this list will be destroyed. Your teen's name will not be used in any report.

Voluntary participation: Your teen's participation in the study is completely voluntary.

Right to withdraw from the study: You have the right to withdraw your teen from the study at any time without penalty.

How to withdraw from the study: If you or your teen wants to withdraw from the study, tell the researcher. There is no penalty for withdrawing. If you would like to withdraw after your materials have been submitted, please contact Judith Wasserman at 434-243-5039.

Payment: Your teen will receive a small gift in appreciation for participating in the study.

If you have questions about the study, contact:

Joseph Allen, Ph.D, University of Virginia, Department of Psychology
PO Box 400400, Charlottesville, VA 22904
434-982-4727
jpa8r@virginia.edu

If you have questions about your rights in the study, contact:

Tonya Moon, Ph.D., Chair, Institutional Review Board for the Behavioral Sciences
One Morton Drive, Suite 500
University of Virginia, P.O. Box 800392,
Charlottesville, VA 22908-0392
Telephone: (434) 924-5999
Email: irbsbshelp@virginia.edu
Website: www.virginia.edu/vprgs/irb

Agreement (Please check one of the following): NOTE; THIS IS THE FORM FOR THE PARENT/GUARDIAN TO SIGN.

I agree to allow my teen to participate in the research study described above.

I decline to allow my teen to participate in the research study described above.

Signature: _____

Date: _____

Please print your name here: _____

Please print your teen's name here: _____

You will receive a copy of this form for your records

Please place this signed form in the provided envelope. Please seal the envelope and return it to your teen's teacher.

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