

Minor Informed Assent Agreement 13-17

Please read this assent agreement with your parent(s) or guardian(s) before you decide to participate in the study. Your parent or guardian will also give permission to let you participate in the study.

We want to learn about how to best support school 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.

If you agree to participate, you will complete surveys over the next year about your experiences in your classroom and in your school. If you are in a class with one of our participating teachers for the whole year, then we ask that you complete three brief surveys spread out across the fall, winter, and spring. If you are in a class with one of our participating teachers for half of the year, then we ask that you complete a brief survey in the first months of the class and a brief survey in the last months of the class.

The surveys will be completed at a time that is good for you and your teacher. You will be able to choose which questions you want to answer, and you may stop the survey at any time. The surveys will take about 30 minutes each time. Your total time commitment will be between 60 and 90 minutes.

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

We also would like your permission to allow your teacher to share information with us from school records, such as attendance and performance on tests given by the school from the previous academic year and during the current academic year.

Risks/Benefits: Being in this study will bring you no harm and your grade will not be affected by whether or not you choose to participate in the study. On the other hand, it won't directly help you in any way. It is our hope that we will learn more about students' experiences in school. We also expect to learn more about how to support teachers so that students feel more engaged in school and motivated to learn.

Confidentiality: Your answers to our questions during this study will be kept private. Your name will not be used, and no one who reads about our study will know it was you. We keep things locked up so only trained researchers will see them.

IRB-SBS Office Use Only	
Protocol #	2010-0013-00
Approved SBS Staff	from: 6/15/10 to: 1/21/11 SMB

Project Title: MyTeachingPartner: Efficacy of a Web-Based, Teacher Professional Development Model.

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You don't have to participate in this study and your grades will not be affected by the study.

You can stop doing the study at any time. You can still have the small gift if you stop the study. Your data will be destroyed if you decide to stop doing the study.

If you want to stop doing the study, tell Judith Wasserman. If you choose to stop before we are finished, any answers you already gave will be destroyed. There is no penalty for stopping. If you decide that you don't want your materials in the study but you already turned them in, contact Judith at 434-243-5039.

Payment: You 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 STUDENT TO SIGN.

I agree to participate in the research study described above.

I decline to participate in the research study described above.

Signature: _____

Date: _____

Please print your name here: _____

You will receive a copy of this form for your records.

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

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