

**Parent/Guardian Permission Form** for the research project:  
*Mapping Systemic Opportunities to Learn Mathematical and Scientific Practices*  
Washington State University, College of Education

Dear Parent or Guardian of a student at iTech Preparatory

Our names are David Slavit, Kristin Huggins, Kristin Lesseig, Tamara Nelson, and Gisela Ernst-Slavit. We are professors at Washington State University Vancouver. We are doing research about principals', teachers', and students' opportunities to learn mathematical and scientific practices, and are seeking your permission to request your child's participation in the study. Your child will also be fully informed about the study, given a chance to ask questions, and decide whether or not to participate; your child will be free to choose not to participate even if you provide us your permission.

We plan to do observations, take pictures, talk with children about their opportunities to engage in mathematical and scientific practices, and possibly video record in different classrooms (mostly science and mathematics) at their school. These research activities will focus on classroom activities and conversations. We are asking for your permission to include your child in this study over the course of this school year. We would like permission to make copies of some of your child's schoolwork so we can get a better understanding of the impact of engaging in mathematical and scientific practices on student learning.

We also are asking for your permission for your child to be included as we video record the class. Your child will not be identified by name. Your child's school and teacher will not be identified by name. The videotaping will not interfere with your child's learning. This video will be used for research purposes. This means we will look at the video to understand what the teacher and students do in this school. We might use some clips from the video at conferences.

Finally, we would like to ask your child to take a survey one or more times about opportunities to engage in mathematical and scientific practices and about the learning activities in this school. This can help us understand the relationships between the teacher's instructional activities and the student's learning.

Participation in this study is voluntary. We believe the above activities represent little risk to your child, as they are mostly part of your child's classroom routines. However, some children might feel uncomfortable being recorded, talking in groups, or talking to researchers, and we will actively monitor and look for any signs of discomfort. If your child would ever feel uncomfortable talking with us or participating in any way they are free to withdraw at any time. If you do not want your child to be in the study, there is no penalty to your child. If you decide later that you do not want your child to be in the study, or not participate in specific parts of the study, you can withdraw your permission at any time. Again, your child will never be identified by name or school in any use of the video or in any other way.

If you would like more information before deciding whether or not to allow your child to be videoed, you may contact us or you may ask your child's teacher. Although some data will not be able to be shared with you due to confidentiality, we will be happy to discuss with you how you might view data pertaining specifically to your child. This project has been reviewed and approved for human subject participation by the WSU Institutional Review Board.

Thank you for your time in considering our request.

Sincerely,

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Dave, Kristin, Kristin, Tamara, and Gisela

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Dave Slavit, dslavit@wsu.edu, 360-546-9653  
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Parent/Guardian Statement

This study has been explained to me. I have had a chance to ask questions. If I have questions later about the research I can ask the researchers named above. If I have questions about my child's rights with respect to this study, I can contact the WSU Institutional Review Board at 509-335-3668 or irb@wsu.edu.

\_\_\_ yes \_\_\_ no I give permission for my child to participate in the study, as described above.

\_\_\_ yes \_\_\_ no I give permission for my child's participation in video recording, as described above.

\_\_\_ yes \_\_\_ no I give permission for my child's class work to be used as described above.

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Parent's Signature

Date

Student's Name (print) \_\_\_\_\_