***Sample of Parental Permission and Assent Statement for Cal Poly Research with Children***

*The Parental Permission Form should be used when children under the age of 18 are research subjects.*

*The Assent Statement should be provided in writing for older adolescents (age 15-17), verbally for those age 7-14; and the assent of younger children should be obtained to the extent that it is possible in a developmentally appropriate way. Assent Statements can have many variations because of the different developmental and comprehension levels of the child subjects. The sample statement provided might need significant revisions to be appropriate for different age subjects.*

Instructions:

1. The red text relates to red text sections in the [permission form and assent form templates](https://research.calpoly.edu/HS-forms-and-links/#icformtemplate).
2. If you use this sample form for a template, please make sure all text is changed to **black**, and delete this box.

PARENT/GUARDIAN PERMISSION TO PARTICIPATE IN A RESEARCH PROJECT:

*“Mathematical Problem Solving”*

INTRODUCTION

This form asks for your permission for your child/dependent to participate in a research project on strategies used to solve mathematics problems. Your child’s/dependent’s participation involves taking a couple surveys and allowing me to review their student work completed during regular classroom activities. It is expected that their participation will not take any additional time and there are no risks anticipated with their participation. Others may benefit from their participation. If your child/dependent or you are interested in their participating in a research project, please review the following information.

PURPOSE OF THE STUDY AND PROPOSED BENEFITS

* The purpose of the study is to determine if the Fantastic BY Mathematics unit on multiplication and division impacts student learning of mathematical problem solving.
* Potential benefits associated with the study include improvements to the teacher-researcher’s teaching of mathematics and providing information to other educators who teach mathematical problem solving.

YOUR CHILD’S/DEPENDENT’S PARTICIPATION

* If you provide your permission, your child will be asked to allow the study of the data obtained during the teaching of the Fantastic BY Mathematics unit which is part of our regular classroom activity. I also will be surveying the students about their understanding of the concepts and reviewing their student work. These are regular classroom activities and your child will have to take part in them, but they do not have to take part in the research, which is completely voluntary. The decision whether or not to participate will not affect your child’s standing in the classroom.

PROTECTIONS AND POTENTIAL RISKS

* Please be aware that your child/dependent is not required to participate in this research, refusal to participate will not involve any penalty or loss of benefits to which they are otherwise entitled, and you or they may discontinue their participation at any time. If you or they decide to withdraw their participation, you or they must notify me and I will still use the data collected already, but not use any additional information. If your child does not participate, I will not write down any of their activities for the purpose of this study.
* There are no risks anticipated with their participation in this study.
* Their confidentiality will be protected as his/her name will not be used in any reports of this research. The information collected will be securely stored and only I will have access. Pseudonyms will replace the children’s and school names. If required by law, information collected from this study can be viewed by legal authorities.
* Identifying information collected as part of the research, even if the identifiers are removed, will not be used or distributed for future research studies.

RESOURCES AND CONTACT INFORMATION

* If your child/dependent should experience any negative outcomes from this research, please be aware that you may contact the project’s faculty advisor, Dr. Jane Scientist at (805) 000-1111, jscientist@email.edu, or the Central Coast Elementary School principal, Dr. Jack Administrator at (805) 111-0001, jadmin@email.edu, for assistance.
* This research is being conducted by Julie Student, your child’s teacher and a graduate student in the Department of Education at Cal Poly, San Luis Obispo. If you have questions regarding this study or would like to be informed of the results when the study is completed, please contact the researcher at jstudent@email.com or the student’s faculty advisor (information above).
* If you have concerns regarding the manner in which the study is conducted, you may contact Dr. Michael Black, Chair of the Cal Poly Institutional Review Board, at (805) 756-2894, mblack@calpoly.edu, or Ms. Trish Brock, Director of Research Compliance, at (805) 756-1450, pbrock@calpoly.edu.

PERMISSION TO PARTICIPATE

If you are over the age of 18 and permit your child/dependent to participate in this research project as described, please indicate your agreement by signing below and returning to me. Please retain a copy of this form for your reference, and thank you for allowing your child/dependent to participate in this research.

Name(s) of Child/Children/Dependent(s) Involved in this research project:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Researcher Date

\* \* \* \* \*

ASSENT TO PARTICIPATE IN A RESEARCH PROJECT:

*“Mathematical Problem Solving”*

I am asking for you to agree to participate in a research project on how students learn to solve math problems. I am conducting this research because I also am going to school to be a better teacher.

You will be asked to complete your regular math assignments, answer some survey questions about what you like and don’t like doing in school, and allow me to use the information collected for my research project. This won’t take you any more time than you usually spend in class and you don’t have to answer any of the questions you don’t want to answer.

Nothing bad should happen to you if you want to be part of the study. I will not use your name when I write my report and I am the only one who will see your answers to my questions. If you say “yes”, then you might help me and other teachers learn about ways to be better math teachers.

You do not have to agree and you can stop at any time. Your parents have given you permission, but you can still say “no”. If you say “yes” and then change your mind or if you something makes you uncomfortable, you can let your parents or the school principal know. If you have questions, you can ask me or your parent.

Do you want to answer my questions and let me use the information from your math assignments for my research project?