

Consent Form

December 15, 2003

Dear Parent(s) of _____,

As you may be aware, I am currently pursuing my Educational Specialist degree from Brenau University. One requirement of this objective is to complete an Applied Research Project.

I am asking parents and students for permission to use data gathered from Saxon™ Math2 scores and Accelerated Math™ scores. I am also asking permission for students to complete an attitudinal survey regarding use of the computer software. Data will be stored in a locked filing cabinet within the classroom. Each student will be assigned a number and their data will be listed by that number. This list will be kept separate from the data. Some data will be maintained in the grade book and some will be retrieved from the Accelerated Math™ software. Data from the Iowa Test of Basic Skills used is from the grade level as a whole, no individual scores will be used. Only data from students who are present for the entire length of the study and who, along with their parents, give consent will be eligible for evaluation. There will be no negative consequences for children whose parents choose not to allow the data to be included or for their child to complete the survey. Furthermore, students may opt out of the study at any time without negative consequences.

Please discuss this with your child and check the appropriate line below. Please sign and date the bottom of the form. Thank you for your consideration of this matter.

Sincerely,

Allison W

_____ My child and I give permission for his/her data to be used in Ms. Allison W's Applied Research Project and for my child to complete an attitudinal survey regarding the computer software. My child and I understand that their data will remain confidential. I understand that this data may be used at conferences and in presentations without the use of my child's name or the name of the school that he/she attends.

_____ My child and I prefer not to give permission for his/her data to be used in Ms. Allison W's Applied Research Project nor for my child to complete an attitudinal survey regarding the computer software. My child and I understand that he/she will not be penalized in any way because of this choice.

Parent Signature

Date

Student Signature

Date

Please feel free to contact my advisor, Dr. _____ @..... or you may contact the Brenau University Institutional Review Board @ 770-718-5304 If you have any questions or concerns about this research project.