

INFORMED CONSENT

Dear Parent or Guardian,

Your child currently receives instruction from a teacher participating in a KCM (Kentucky Center for Mathematics) professional learning experience. The KCM is Kentucky's state-wide center for mathematics and focuses on improving mathematics education in the commonwealth. In an effort to evaluate the effect on student achievement, we are asking your permission for your child's data, such as: hours of instruction, grade level, test scores, etc. to be shared with the KCM for program evaluation and research purposes. Your child's identity will be protected at all times, and data are reported to the KCM using only an identification number. Allowing your child's information to be shared with the KCM will provide no real benefit to your child, but will help the KCM determine the effectiveness of our professional learning experiences and mold future KCM endeavors. Sharing your child's information is voluntary and there are no risks or negative consequences if you choose to share or not share their information. Your child may stop participating at any time without penalty.

If you agree with the following statement, please sign and date. If you do not agree, please do not sign.

I will allow and give permission for my child's data to be shared with the Kentucky Center for Mathematics for the purpose of research and evaluating KCM professional learning experiences' effect on student achievement.

Signature X	Child's Name:	Date:
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In KCM professional learning experiences, it is common for teachers to work with students one-on-one and in group settings. From time to time, the KCM may ask the teacher to video/audiotape or photograph lessons working with children and capture student work through written or digital sources. These lessons and student work are sometimes reviewed by the teacher to reflect on teaching skills and observe student thinking. These video/audiotapes, photos and digital/written work samples from your child, may be viewed or analyzed by others involved in KCM programs. If you consent, your child may be video/audiotaped while receiving instruction from a teacher or while working math problems. Your child's confidentiality will be maintained throughout the recording, and no names will be used. Allowing your child's video/audiotaping and digital/written work to be shared will provide no benefit to your child, but it will help teachers in our learning experience to gain insight on student thinking. Granting consent for the use of your child's video/audiotaping and digitally recorded or written work is voluntary and your child is free to stop participating in the study at any time without negative consequences. Your child's participation in this study has no foreseeable risks.

If you agree with the following statement, please sign and date. If you do not agree, please do not sign.

I will allow and give permission for my child's photographs, video/audiotapings, and written and digitally recorded work to be shared with other persons involved in KCM professional learning experiences without mention of my child's name. I understand that these recordings may be used in professional presentations, newsletter publications, professional journals and articles, and also on the KCM website, www.kymath.org.

Signature X	Child's Name:	Date:
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Please return this form to your child's teacher.

If you have questions about this study, please contact Meredith Brewer, Director, Kentucky Center for Mathematics at (859) 572-5976, brewerm8@nku.edu. If you have questions or concerns about your rights as a participant or about the program evaluation, please contact Andrea Lambert South, Ph.D., Chair of the Institutional Review Board, Northern Kentucky University at (859) 572-6615, irbchair@nku.edu. Revised 7/14/2017

For MIT/Teacher Use Only

Student ID: _____

School: _____

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Approved: 07/17/2017
Expires: 07/16/2018

Institutional
Review Board

