APPENDIX E

PARENT CONSENT FORM
ASSESSING THE IMPACT OF ONLINE INTERVENTIONS
FOR RETEACHING MATHEMATICS

You are invited to permit your child to participate in this research study. The following information is provided in order to help you to make an informed decision whether or not to allow your child to participate. If you have any questions please do not hesitate to ask.

Your child is eligible to participate in this study because your child is currently a fifth grade student at one of the participating schools (Holmes, Belmont, Elliott, West Lincoln, and Beattie Elementary). Your child will also be asked if he/she is willing to participate.

The purpose of this study is to research the effectiveness on online math interventions when a student is identified needing further instruction through regular assessment measures.

This study will consist of three to five visits lasting up to three hours of your child’s time. Each visit will be conducted during normal classroom instruction designated for re-teaching purposes and will not require any additional instructional work for your child. We will be observing student interactions in both normal re-teaching and online intervention environments.

The online intervention will consist of using web-based materials to provide additional examples and practice for your child. This additional practice will be customized to fit the specific needs of your child after regular assessments showed a need in a particular instructional objective.

There are no known risks associated with this research.

As a result of participation in this research, it is possible that your child may find learning mathematics using online tools helpful. The information obtained from this study may help us to better understand the impact web-based materials have on learning.

If you or your child decides not to participate, current re-teaching practices already used within your child’s classroom will be utilized.

____________________ Parent’s Initials
Any information obtained during this study which could identify your child will be kept strictly confidential. All data will be kept in a locked file in the investigator’s office for 6 months after the study and then will be erased. The information obtained in this study may be published in technology journals, used in doctoral research, or presented at scientific meetings, but your child’s identity will be kept strictly confidential.

Your child’s rights as a research subject have been explained to you. If you have any additional questions about the study, please contact me at 560-1328. If you have any questions about your child’s rights as a research participant that have not been answered by the investigator or to report any concerns about the study, you may contact the University of Nebraska-Lincoln Institutional Review Board (UNL IRB), telephone (402) 472-6965.

You and your child are free to decide not to enroll your child in this study or to withdraw at any time without adversely affecting your child’s grades, the relationship with the classroom teacher, the investigator or the University of Nebraska-Lincoln. Your decision will not result in any loss of instruction, instructional interventions, and benefits to which your child is otherwise entitled.

DOCUMENTATION OF INFORMED CONSENT

YOU ARE VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO ALLOW YOUR CHILD TO PARTICIPATE IN THE RESEARCH STUDY. YOUR SIGNATURE CERTIFIES THAT YOU HAVE DECIDED TO ALLOW YOUR CHILD TO PARTICIPATE HAVING READ AND UNDERSTOOD THE INFORMATION PRESENTED. YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.

______________________________
Child’s Name

______________________________
Signature of Parent

______________________________
DATE

IDENTIFICATION OF INVESTIGATORS

PRIMARY INVESTIGATOR
Matthew C. Kutscher       Phone: 560-1328

SECONDARY INVESTIGATOR
David Brooks       Phone: 472-2018