

PARENTAL PERMISSION FORM

I agree to allow my child, _____, to take part in a research study titled, "Middle School Students' Lived-Experiences Investigating Geometric Space", which is being conducted by Ms. Keri L. Duncan Valentine, from the Educational Psychology and Instructional Technology Department at the University of Georgia (706-224-7870) under the direction of Theodore J. Kopcha, Educational Psychology and Instructional Technology Department at the University of Georgia (706-542-1889). I do not have to allow my child to be in this study if I do not want to. My child can refuse to participate or stop taking part at any time without giving any reason, and without penalty or loss of benefits to which she/he is otherwise entitled. If I decide to withdraw my child from the study, the information that can be identified as my child's will be kept as part of the study and may continue to be analyzed, unless I make a written request to remove, return, or destroy the information.

The reason for this study is to inform instructional designers, mathematics educators, and the learning science community about the various ways space, as a geometric concept, can be explored in depth with middle school students. Information is needed about possible ways to design innovative geometric investigations as well as accompanying instructional strategies. This will be done by examining reflections from middle school students investigating geometric space (specifically perspective).

All students in my child's middle school math class will learn about geometric and spatial reasoning, with special emphasis on problematizing the natural way of perceiving the world. One way that the students will learn in this class is through special math sessions with Keri Valentine. These sessions will be both face-to-face and online through Skype from Poughkeepsie Day School as part of the normal math instruction. As Skype take place online, my child will be video recorded and photographed during these learning sessions. In addition my child will create blog postings as part of the geometric investigations. If my child participates in the research, the researcher will use information from the math instruction for research purposes and will ask my child to participate in additional activities which are being conducted solely for research purposes. The researcher will only use the information and ask my child to participate in the activities which I initial below.

The research is not expected to cause any risks or discomfort. My child can quit at any time. My child's decision to participate or not participate in the research will not affect his/her grade or class standing.

Internet communications are insecure and there is a limit to the confidentiality that can be guaranteed due to the technology itself. However once the researcher receives the materials, standard confidentiality procedures will be employed. All emails and Internet communications regarding participation in the research will be deleted as soon as the file is saved to an externally secured drive only accessible by the researcher. No individually identifiable information about my child, or provided by my child during the individual interview portions of the research, will be shared with others without my written permission, unless required by law.

If the researchers use any of my child's work in any publications or presentations, they will replace my child's name with a pseudonym to protect his/her identity. If I allow the researchers to use any video recordings or photographs of my child in presentations or publications, images of my child's face may be identifiable but the researchers will not disclose my child's name. The researcher will delete identifiers from the research record within 9 months after data collection has been completed. The researchers will delete or destroy the photographs and videos of my child no later than five years from the start of the study or before my child's 18th birthday, whichever is sooner.

The researcher will compare the information/activities I have initialed and those my child has initialed on his/her minor assent form. The researcher will only use the information and engage my child in the research activities for the options, which we both initial. By my initials, I give my permission for my child to participate in the following research activities:

1. A lived-experience description, which will be conducted by e-mail and will include prompts/questions to get him/her thinking about investigations with geometric space. Lived-experience descriptions: YES / NO. Initial _____.

2. An initial interview conducted by phone or face-to-face (at Poughkeepsie Day School), not to exceed thirty minutes, about their experience investigating geometric space. Initial interview: YES / NO. Initial _____.
3. A follow up interview, to discuss in more detail, experiences discussed in the initial interview (if needed). This will occur by phone or face-to-face (at Poughkeepsie Day School), not to exceed thirty minutes. Follow-up interview: YES / NO. Initial _____.

By my initials, I give my permission for the researchers to use the following information for research purposes:

1. Blog postings from class containing my child's posted reflections concerning geometric investigations. Blog Postings: YES / NO. Initial _____.
2. Photographs of my child taking part in the geometric investigations. Photographs: YES / NO. Initial _____.
3. Video of my child taking part in the geometric investigations. Videotapes: YES / NO. Initial _____.

By my initials, I give my permission for the researchers to use the following in professional presentations and publications:

1. Blog postings from class containing my child's posted reflections concerning geometric investigations. Blog Postings: YES / NO. Initial _____.
2. Photographs of my child taking part in the geometric investigations. Photographs: YES / NO. Initial _____.
3. Video of my child taking part in the geometric investigations. Videotapes: YES / NO. Initial _____.

The researcher will answer any questions about the research, now or during the course of the project, and can be reached by telephone at: 706-224-7870. I may also contact the professor supervising the research, Dr. Theodore J. Kopcha, Educational Psychology and Instructional Technology Department, at 706-542-1889.

I understand the study procedures described above. My questions have been answered to my satisfaction, and I agree to allow my child to take part in this study. I have been given a copy of this form to keep.

 Name of Researcher
 Telephone: _____
 Email: _____

 Signature

 Date

 Name of Parent or Guardian

 Signature

 Date

Please sign both copies, keep one and return one to the researcher.

Additional questions or problems regarding your child's rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu