

CONSENT FORM

Dear Student,

The attached survey is being given to your class as part of a research project studying the mathematical education of elementary teachers. This research is funded by the National Science Foundation and conducted by a team of researchers at Michigan State University. Your score on these math items and your response to the other items on the survey are not part of your grade in the class, and will not be used as part of your evaluation. Your instructor will not see your individual responses to items on the survey, but will receive a report for the class about overall results and progress during the semester. He/She will not see specific scores with your name attached. This is a follow-up survey from the one you were asked to complete earlier in the semester. We are asking for your name and student number to be able to connect this survey to the earlier survey, which allows us to explore the elements of mathematics courses that lead to greater student learning. Your instructor will receive an overall report of changes in student scores over the semester, but not your individual score.

We are seeking your consent to participate in this research. Results will never be reported by individual, and your name will never be used in reports of the research. Your section number, name of your instructor, and the name of your school will also be confidential. All of the data will be treated with strict confidence. Only the project research team will have access to the data, and your privacy will be protected to the maximum extent allowable by law. You have been provided with an envelope in which to place your survey once it is completed. Please seal the envelope for privacy. Your instructor will send the forms back to our research team for analysis. A separate copy of this form is enclosed for you to keep.

Participation in the research is completely voluntary and you may withdraw your consent at any time. You may choose not to participate at all, or you may refuse to participate in parts of the study or answer certain questions or discontinue your participation at any time without penalty or loss of benefits. Your grade in this course is not related to whether you choose to participate in this research, and there is no penalty if you choose not to participate. This survey includes a test of your mathematical knowledge and there is some risk that your instructor or other students will see your individual score. To minimize these risks, we ask that you place your completed survey in a sealed envelope. In addition, all research documents, including your responses and identifying information, will be stored in a locked cabinet. Benefits from your participation include exposure to mathematical content shown to be important to elementary teaching and this exposure may serve as a learning opportunity for you. Your instructor will not know whether you have agreed to participate in the research or not.

If you have any questions about this research, please contact the Principal Investigator, Dr. Raven McCrory (517-353-8565, mccrory@msu.edu, 513G Erickson Hall, East Lansing, MI 48824.) If you have questions or concerns regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymously if you wish – Peter Vasilenko, Ph.D., Director of Human Research Protections, (517)355-2180, fax (517)432-4503, e-mail irb@msu.edu, mail 202 Olds Hall, Michigan State University, East Lansing, MI 48824-1047

Thank you for considering participating in this research project.

\_\_\_\_\_ I agree to participate in this research by completing the attached survey.

\_\_\_\_\_ I do not agree to participate in this research.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your Name (printed)

\_\_\_\_\_  
Date