

Appendix D.

Consent Guidance and Sample Parent/Guardian Consent Form

[Districts and schools, please insert the following consent language, or its equivalent, to appear in the introduction to the online teacher and student surveys.]

Teacher Survey: Consent Language

Purpose. We are inviting you to complete this survey to [Note: Schools/districts, please insert information here to briefly explain the purpose of the survey. If you plan to share data with AIR, please include reference to this use of respondents' deidentified data here] This survey asks about your school's educational policies and practices as well as your own experiences and practices as a classroom teacher. The purpose of this survey is to understand and describe the variation in educational approaches used within and across schools. We are not evaluating you, your classroom, or your school.

The survey will take approximately _____ minutes to complete. [Note: You may refer to the *CBE 360 Survey Toolkit* for estimates for survey administration length. You may also want to test out the survey to confirm administration time for teachers.] If you are unable to complete the entire survey now, you may complete it later.

Confidentiality. [Schools/districts: We recommend that you keep survey responses confidential.] Your responses to this survey are confidential, and no personally identifiable data will be shared with your [department head, school, district, or state.] [Include precautions the school will be using to ensure confidentiality.]

Voluntary. This survey is voluntary. If you do not want to answer a question, you may skip it, but your perspective is important to us, so we hope you will answer as many questions as you can.

Benefits. Your participation in this survey will help us learn more about educator and school policies. Findings of the study will be used to understand the ways in which our school(s) are implementing competency-based educational practices.

Risks. There are no foreseeable risks associated with your participation in this survey.

Questions. If you would like more information about this survey, you may contact [insert contact name and information].

Informed Consent. Please select "Yes" and click "Next" to continue on to the survey. By doing so, you give us your permission to use your responses.

- Yes [skip to beginning of the survey].
- No.

[If no] Are you sure you do not want to continue?

- Yes [skip to end of survey].
- No. I would like to continue on to the survey.
By doing so, you give us your permission to use your responses.

Student Survey: Gaining Parental/Family Consent and Student Assent

1. When developing a consent form, it is important to include the following:
 - Purpose of survey administration
 - The specific task or activities in which the students will participate (i.e., the survey)
 - Student assent provisions (i.e., explain that students will be free to withdraw)
 - Confidentiality: highlight privacy and confidentiality
 - Include a contact for the parent to reach out to with questions

Please see sample parent/guardian consent form below. This language should be reviewed with your district's research office and/or institutional review board to ensure it complies with district policy related to student confidentiality.

2. In addition to the parent consent form, see assent language below that should be included in the introduction of the online survey.

Sample Student Assent Language

Dear Student,

Welcome to the Student CBE Experiences Survey!

We are inviting you to complete this survey to help us better understand your school experiences.

Here is some important information for you to know before you get started:

There are no right or wrong answers. We just want your honest opinion.

This survey is confidential. Your individual answers will be kept confidential and will not be shared.

This survey is voluntary. You do not have to participate in this survey if you do not want to. If you decide not to participate, your teachers will give you another activity to do. If you do decide to participate, you can skip any question that makes you feel uncomfortable, but we hope you will answer as many questions as you can. If you have read the above information and agree to participate in the survey, please click the "Yes" button below to continue on to the survey, and click the "Submit" button when you are finished taking the survey. By doing so, you give us your permission to use your responses.

- Yes [skip to beginning of survey].
- No.

Are you sure you do not want to continue?

- Yes [skip to end of survey].
- No. I would like to continue on with the survey.
By selecting this response, you give us your permission to use your responses [begin survey].

[Add school/district letterhead here.]

Sample Parent/Guardian Consent Form

Dear Parent/Guardian:

This school year, the [School/District name] is collecting survey responses from students to learn more about how students experience competency-based education practices in their classes.

What We Are Asking

The purpose of this letter is to ask for your permission for your child to complete [Schools/districts: Specify whether surveys will be administered once, twice, or more often] survey(s) during this school year. The survey(s) will take approximately ___ minutes to complete. The survey(s) will ask about your child's experiences of competency-based education practices in the classroom. The survey(s) will be administered in [insert date (e.g., Spring 2017)].

Privacy

All survey responses we collect will be used for research purposes only and will be kept confidential. The surveys that are administered will not have your child's name on them [We suggest not including student names on surveys and using an identifier instead]. [Insert school/district privacy information.]

Freedom to Withdraw

Your child's participation in this survey is completely voluntary. He or she may skip any question that is asked and may discontinue answering the survey at any time.

Risks

There are no known risks associated with answering this survey greater than what is experienced in everyday life. Our district/school will use data security procedures to ensure the confidentiality of students' survey responses.

Benefits

Your child's participation in this survey will increase our understanding of our school/district's competency-based education practices. This information will be used to inform improvements in educational approaches in our school/district.

More Information

If you would like more information about this study, you may contact [insert contact information for parents to reach out to with questions].

Please sign and return the attached consent form by [input date].

We hope that you will allow your son or daughter to participate in this survey.

Sincerely,

[Add school/district letterhead here.]

If you agree to let your son or daughter participate, please sign and return the consent form enclosed with this letter by **[date]**.

Informed Consent

If you have read the above information, asked any questions and received answers, and allow your child to participate in the survey, indicate your response and sign below.

_____ **Yes**, I allow my child to respond to the survey.

_____ **No**, I do not allow my child to respond to the survey.

Name of Student

 First Middle Last
 Please print name of student here.

Student Date of Birth

 (MM/DD/YYYY)

Signature of
 Parent or Guardian

Date of Signature

 (MM/DD/YYYY)

Name of
 Parent or Guardian

 Please print name of signing parent or guardian here.

School Name
