

Social, Behavioral & Educational Research IRB

INFORMED CONSENT FORM

Dear Family,

We are a research team from Tufts University's education and engineering departments, and we are developing a new Web-based approach to physics instruction. Your child's teacher and principal have agreed to help. We have worked with many teachers in New Hampshire and Massachusetts as they have taught science, and students have always been eager to participate.

This year, your child's teacher will teach one or more units that involve using a Web-based platform to teach physics. The units will address physics concepts according to the Massachusetts state frameworks. Through our research, we hope to learn how using Web technologies could help students and teachers gain a better understanding of physics.

During the implementation of these new lessons, we will visit the classroom to observe its efficacy as well as its flaws. We plan on videotaping the classroom as the units are administered. Your child may be included in these videotapes, and his or her conversations with the teacher may also be recorded. We are seeking permission to make observations of your child's physics classwork and collect artifacts pertaining to it. You may give permission for both, one, or none of the following:

1. Video- or audiotaping during lessons
2. Review of students' classwork

None of the observations or data will be shared with personnel in the school or school district, other than your child's teacher. However, the video-/audiotapes that we record may be shared at research presentations for the purposes of professional development. The information we collect will be confidential, and students' names will not be mentioned. There are no costs, risks, or discomforts associated with this research beyond the normal school day. There are no direct benefits to your child from this study.

You or your child can withdraw from the research at any time without any negative consequences. You have the right to request that any or all of your child's information collected to date be withdrawn. If you do not wish for your child to participate, he or she will receive the same instruction as the rest of the students in the class, but researchers will not videotape your child or collect any of his or her work or other data.

Please sign the attached parental form and have your child sign the student portion. Please return the form to your child's teacher as soon as possible. If you or your child has any questions, do not hesitate to contact the research coordinator, Morgan Hynes, at 617-627-5888 or morgan.hynes@tufts.edu. In addition, you can contact Lara Sloboda at the Office of Institutional Review Board at 617-627-3417.

Thank you for your interest and cooperation. An additional copy of this form has been included for your records.

Sincerely,

Morgan Hynes

Ethan Danahy

Dan Hannon

APPROVED

OCT 03 2011

Tufts SBER IRB

EXPIRES

OCT 02 2012

Tufts SBER IRB

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PARENT'S SIGNATURE: When you sign this document, you are agreeing to your child's involvement in our study. You may agree to both, one, or none of the following. If you have any questions, please ask.

I agree to have my child included in videotapes of classroom lessons. Yes No
I agree to have my child included in audiotapes of classroom lessons. Yes No
I agree to have copies of my child's physics work reviewed by researchers. Yes No

Participant's Name

Signature of Parent/Legal Guardian Date

Print Name of Parent/Legal Guardian

Dear Student,

We are professors and students at Tufts University. We are working on a project that uses a Web-based platform to enhance physics instruction, which your teacher will guide you through. We will visit your classroom to see how the projects are going.

If you give us permission, we would like to look at your work and include you in videotapes we take during the class.

If you do not give us permission, that is okay. You will do the same lessons as everyone else, but we will not include you in our study. Your grades will not be affected, nor will your teacher change the way he or she thinks about you.

You can tell us at any time whether or not you would like to be included in our study. If you are not sure what to do, please ask.

I agree to be included in videotapes of class. Yes No
I agree to be included in audiotapes of class. Yes No
I agree to have my online workbooks assessed. Yes No

Student's Signature Date

Signature of Person Obtaining Consent Date

Morgan Hynes Co-Principal Investigator
Print Name of Person Obtaining Consent Position

APPROVED

OCT 03 2011

Tufts SBER IRB

EXPIRES

OCT 02 2012

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