

**Example Letter Requesting Permission to Participate in an
Action Research Study**

Date

Dear X,

In addition to being a teacher at High Tech High, I am also a student in HTH's Teacher Leadership Master's Program. As part of this program, I will be conducting a research study to learn more about how current students and recent graduates of HTH experience the arts and the school. I'll be working with many HTH students in this study and would like to invite you to be a part of it. Below is some information to help you make an informed decision:

Why I'm doing this study: I am really interested in how teenagers experience the arts, especially at an arts school. I would like to learn what brought you to PFAA and hear your thoughts on your time here. I would also like to find out more about your views on the arts and how you see the arts playing a role in your personal life and at school. I will be sharing my findings with teachers in the PFAA program to help them understand what students are getting out of the program and what could be done to make the program even better. *[This section should be geared towards how it will help you improve your practice or your school.]*

What will happen to you if you are in the study? If you participate in this study I'll ask you to meet with me for an hour-long interview to talk about art and your experiences in the PFAA program. I will also hang out with you for a day at school to see what a school day is like for you.

Will any part of the study hurt you or help you? This study won't hurt you in any way, and it may not help you either. However, this study will provide a chance for you to think and talk about your experiences in the program and the role of the arts in your current (and future) life. Your opinions will be useful to a group of teachers who are trying to make sure that the school is helping PFAA students achieve their goals. You may not be around for the changes that may occur as a result of this study, but by sharing your experiences you could help us better understand how to make the program serve the needs of the students.

Who will know that you are in the study? I'm going to keep whatever I hear from you separate from what I hear from other people -- other students or other teachers. I won't tell them

PARENT'S CONSENT FOR MINORS TO PARTICIPATE IN A RESEARCH STUDY

FORM B

**Experimental Subjects Bill of Rights
(Behavioral and Social Science Studies)**

The rights below are the rights of every person who is asked to be in a research study. As a research subject, your child has the following rights:

- 1) To be told what area, subject, or issue is being studied.
- 2) To be told what will happen to you and what the procedures are.
- 3) To be told about the potential risks or discomforts, if any, of the research.
- 4) To be told if you can expect any benefit from participating and, if so, what the benefit might be.
- 5) To be allowed to ask any questions concerning the study, both before agreeing to be involved and during the course of the study.
- 6) To be told what medical treatment is available if any complications or injuries arise as a result of the research study.
- 7) To refuse to participate in the study or to stop participating after the study starts.
- 8) To receive your signed and dated copy of this Bill of Rights and the consent form.
- 9) To be free of pressure when considering whether you wish to be in the study.

If you have other questions, please ask the researcher or research assistant. In addition, you may contact the Office of Human Research Protection (OHRP), which is concerned with protecting volunteers in research projects. You may reach OHRP by calling (916) 734-6862, from 8:00 a.m. to 5:00 p.m., Monday through Friday, or by writing to the Office of Human Research Protection, Ambulatory Care Center - Ellison Building, UCDMC, 4860 Y Street, Suite 3870, Sacramento, California 95817.

Signature of Participant _____ Date _____

See other side for more detail about this project >>>>>

**PARENT'S CONSENT FOR MINORS TO PARTICIPATE IN THE STUDENTS'
PERCEPTIONS OF THE ARTS RESEARCH STUDY
UNIVERSITY OF CALIFORNIA, DAVIS**

FORM B

Title of Study: "Students' Perceptions of the Arts: (Re)Visioning an Arts-Focused Charter School"

Principal Investigator: Stacey Caillier, School of Education, UC Davis, Davis, CA 95616.

Office: 916-928-5343 ext. 268. email: slcaillier@ucdavis.edu

Purpose: Your child is being invited to participate in the above research study. The purpose of this study is to develop a better understanding of students' experiences at PFAA and their involvement with the arts. This project will involve twenty or so teenagers and will not be used in any way to evaluate them, nor will it interfere with your family life or your child's schooling.

Procedures: If you are agreeable to having your child participate in this study, I would meet with your child for an hour-long interview and accompany them for one school day. Your child and I will talk about what brought them to PFAA, their experiences in and impressions of the program, and role of the arts in their current (and future) life.

Risks: There are no known risks to your child for participating in this study.

Benefits: It is possible that your child will not benefit directly by participating in this study. However, this study should provide your child with a valuable opportunity to think and talk about their experiences and their future aspirations. In addition, the information gathered from this study will be presented to PFAA faculty and will be vital to their efforts to continually improve the program in order to meet students' needs and help students reach their goals.

Confidentiality: Absolute confidentiality cannot be guaranteed, since research documents are not protected from subpoena. However, the confidentiality of project records will be maintained to the fullest extent possible. Responses by your child to interview questions will be coded in such a way that her or his identity will be concealed. Your child will never be identified with any particular response, comment or materials that he or she might share with me.

Costs: There is no cost to your child beyond the time and effort required to participate in the activities described above. I will schedule interviews at times that are agreeable to you, your child and her or his teachers.

Right to refuse or withdraw: Your child may refuse to participate in this study. If you allow your child to participate, your child has the right to not answer any questions I might ask. Even if you agree, you and your child may change your mind and quit at any point.

Questions: If you have any questions, please contact me at the phone extension or e-mail address above.

CONSENT: Your signature below will indicate that you have agreed to allow your child to volunteer as a research subject and that you have read and understand the information provided above:

Signature of Legal Guardian _____ Date _____

Signature of Investigator _____ Date _____
Stacey Caillier, Graduate Student, School of Education, UC Davis

what you tell me, and I won't tell you what they tell me. However, I will write an article or report based on the interesting things I will learn in this study. I will also present what I've learned at conferences so that it can be useful to other teachers. In either case, I will conceal your name so that no one will know who you are, or that you did or said a particular thing.

Do you have to be in the study? No, you don't. No one will get angry or upset with you if you don't want to do this. Just tell me if you don't want to be in the study. And remember, you can change your mind later if you decide you don't want to be in the study anymore.

Questions? You can ask questions at any time. You can ask now. You can ask later. You can talk to me or you can talk to your parents about this study at any time. My work telephone and e-mail are:

PH: E-mail:

In you have concerns about this research, you can also contact my advisor, Professor Stacey Caillier, [insert advisor] who will be supervising this research:

PH: E-mail:

To go ahead with this study, I need to know that you are willing to participate and that your choice to do so is entirely voluntary. Please review your rights at the bottom of this page and sign below if you agree to participate.

Sincerely,

X

IF YOU AGREE TO BE IN THE STUDY, PLEASE SIGN YOUR NAME BELOW

Signature of the Student _____
Date _____

Signature of the Teacher Researcher _____
Date _____

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- 2) To be told what will happen to you and what the procedures are.
- 3) To be told about the potential risks or discomforts, if any, of the research.
- 4) To be told if you can expect any benefit from participating and, if so, what the benefit might be.
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