



KENT STATE  
UNIVERSITY

Dear Parent or Guardian,

I am working to obtain my teaching license this year and will be student teaching this spring in your child's class. As part of the course work and in accordance with new Ohio laws and standards for teacher licensure, I am expected to conduct a study with the intention of improving my teaching. As part of this study I would like to be able to interview your child, use his or her homework or other writings or creations (notes, art projects, etc.), have him or her participate in a survey, and take observation notes about the class. Quite separately, I would like to have permission to tape your child's interview using either video or audio equipment. Agreeing to being taped is entirely independent of other participation. Neither your child's name nor the school's name will be used in any part of the study, and participation in my research in no way affects your child's grade for better or worse.

Taking part in this project is entirely up to you, and no one will hold it against you or your child if you choose not to participate. Furthermore, if your child does participate, you or your child may stop participation at any time. If you want to know more about this research project please call me at \_\_\_\_\_ or the Masters Program coordinator Mike Mikusa at (330) 672-2580.

The project has been approved by Kent State University. If you have questions about Kent State University's rules for research, please call Dr. Walter C. Adams, Vice Provost and Dean, Division of Research and Graduate Studies (Tel. 330.672.0700).

You will get a copy of this consent form.

Sincerely,

Please return the following slip:

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I agree to let my child take part in this project. I understand that my child may be interviewed, and homework or other writing or creative work may be used. I understand that I can stop my child's participation at any time.

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Parent /Guardian Signature    Date

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Additionally I give permission for you to tape my child (check all that apply):

- Yes  No: You may videotape interviews with my child.
- Yes  No: You may audiotape interviews with my child.
- Yes  No: I would like to view any videotapes that are created.
- No, do not tape your interviews with my child

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Parent /Guardian Signature    Date

**Teaching Leadership and Curriculum Studies**  
P.O. Box 5190 • Kent, OH 44242-0001  
(330) 672 2580 • Fax: (330) 672-3246 • <http://tlcs.educ.kent.edu>



KENT STATE  
UNIVERSITY

Dear Student,

I am working to obtain my teaching license this year and will be student teaching this spring in your class. As part of the course work and in accordance with new Ohio laws and standards for teacher licensure, I am expected to conduct a study with the intention of improving my teaching. As part of this study I would like to be able to interview you, use your homework or other writings or creations (notes, art projects, etc.), have you participate in a survey, and take observation notes about the class. Quite separately, I would like to have permission to tape our interview using either video or audio equipment. Agreeing to being taped is entirely independent of other participation. Neither your name nor the school's name will be used in any part of the study, and participation in my research in no way affects your grade for better or worse.

Taking part in this project is entirely up to you, and no one will hold it against you if you choose not to participate. Furthermore, if you choose to participate, you may stop participation at any time. If you want to know more about this research project please call me at \_\_\_\_\_ or the Masters Program coordinator Mike Mikusa at (330) 672-2580.

The project has been approved by Kent State University. If you have questions about Kent State University's rules for research, please call Dr. Walter C. Adams, Vice Provost and Dean, Division of Research and Graduate Studies at (330).672-0700.

You will get a copy of this consent form.

Sincerely,

Please return the following slip:

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I agree to participate in this project. I understand that I may be interviewed, and homework or other writing or creative work may be used. I understand that I can stop my participation at any time.

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Student Signature      Date

Additionally I give permission for you to tape me (check all that apply):

- Yes  No: You may videotape interviews with me.
- Yes  No: You may audiotape interviews with me.
- Yes  No: I would like to view any videotapes that are created.
- No, do not tape your interviews with me

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Student Signature      Date

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KENT STATE  
UNIVERSITY

Dear Teacher,

As you know, I am working to obtain my teaching license this year and will be student teaching this spring in your class. As part of the course work and in accordance with new Ohio laws and standards for teacher licensure, I am expected to conduct a study with the intention of improving my teaching. As part of this study I would like to be able to interview you and to use any notes or comments you provide about my teaching. Quite separately, I would like to have permission to tape our interview using either video or audio equipment. Agreeing to being taped is entirely independent of other participation. Neither your name nor the school's name will be used in any part of the study.

Taking part in this project is entirely up to you. You should feel free not to participate. Furthermore, you may stop participation at any time. If you want to know more about this research project please call me at \_\_\_\_\_ or the Masters Program coordinator Mike Mikusa at (330) 672-2580.

The project has been approved by Kent State University. If you have questions about Kent State University's rules for research, please call Dr. Walter C. Adams, Vice Provost and Dean, Division of Research and Graduate Studies at (330).672-0700.

You will get a copy of this consent form.

Sincerely,

Please return the following slip:

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I agree to participate in this project. I understand that I may be interviewed and comments and notes concerning your teaching may be used. I understand that I can stop my participation at any time.

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Teacher Signature

Date

Additionally I give permission for you to tape me (check all that apply):

- Yes  No: You may videotape interviews with me.
- Yes  No: You may audiotape interviews with me.
- Yes  No: I would like to view any videotapes that are created.
- No, do not tape your interviews with me

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Teacher Signature

Date

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**KENT STATE**  
UNIVERSITY

Dear Principal,

I am working to obtain my teaching license this year and will be student teaching this spring in your school in \_\_\_\_\_'s class. As part of the course work and in accordance with new Ohio laws and standards for teacher licensure, I am expected to conduct a study with the intention of improving my teaching. I hope, as part of this study to be able to interview some students, use their homework or other writings or creations (notes, art projects, etc.), have them fill out a survey, and take observation notes about the class. Before beginning I have provided permission forms to both the parents and the students. Separate permission is being sought from both parents and students for taping any interviews I conduct.. The children can stop participation at any time, even after they and their parents have given permission. Neither your name, the children's names, my teacher's names, the community's name, or the school's name will be used in any part of the study, and participation in my research in no way affects the childrens' grades for better or worse.

This study can only proceed with your permission. If after giving permission you wish to stop the study you may at any point. If you want to know more about this research project please call me at \_\_\_\_\_ or the Masters Program coordinator Mike Mikusa at (330) 672-2580.

The project has been approved by Kent State University. If you have questions about Kent State University's rules for research, please call Dr. Walter C. Adams, Vice Provost and Dean, Division of Research and Graduate Studies at (330).672-0700.

You will get a copy of this consent form.

Sincerely,

Please return the following slip:

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I agree to your conducting this study. I understand that I can stop the study at any time.

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

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