

Parent Consent Form

Project title: *Examining the relationship between the documented curriculum, classroom tasks, and the learning of mathematics.*

Researcher contact details:

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SCERH number: CF07/0606-2007/0173

I, have read and understood the information sheet provided by the researcher about this activity, and any questions I have asked have been answered to my satisfaction.

In signing this letter I give my approval to allow my child to:

- complete some surveys
- participate in individual interviews and group discussions, which may be recorded.
- be observed while in class and interviewed afterwards, on occasion.
- be audiotaped while participating in(interviews and/or focus groups)
- be videotaped while participating in interviews and/or focus groups

I understand that I may view any interview transcripts and can choose not to allow my child to be audio/video taped by notifying the researcher above.

I agree for my child to participate in this project, realizing that I may withdraw at any time, without prejudice.

A copy of the information sheet for this project and this form has been provided to me to keep.

Name of School

Name of Student

Parent Signature

Date

For office use only.

Name(s), signatures and date:

Researcher(s)

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