

November 2, 2015

Dear Families:

This year we are involved in a district professional development program entitled: *Teachers In Action*. This program is facilitated by Dr. Karen Goodnough, Professor at Memorial University and involves inquiry into our teaching practice and our students' learning in the area of science. Our research inquiry will focus on using problem and inquiry based approaches to teaching science, technology and engineering. It is important to note that we are not researching children; rather, our focus is on our teaching practices and supporting your child's growth and progress.

We are seeking your permission to use some of your child's work and ideas as part of our study. This may include work samples, projects, digital stories, surveys, audio recordings of classroom discussions, classroom videos, photos and other data sources. We will **not** use your child's name on any of the documents or in research reports without seeking your permission to do so. You may withdraw your consent for your child's participation at any time during the project.

If you have any questions regarding our action research inquiry, please feel free to contact us at 709-582-2310 or by e-mail. Since the instructional practices we plan to use in our research are part of the regular curriculum events, all children will be actively engaged in the activities even if permission to use their work in our study is not given.

Sincerely,

Gerald McCarthy (geraldmccarthy@nlesd.ca)
Melanie Pinsent (melaniepinsent@nlesd.ca)
Rod Rideout (rodrideout@nlesd.ca)

Please complete the bottom portion of this letter, along with the attached informed consent form from Dr. Goodnough, and return both to your child's teacher by November 6, 2015.

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- Yes, I am willing to have _____ (child's name) participate in your action research inquiry.
- No, am not willing to have _____ (child's name) participate in your action research inquiry.

I agree to have my child audio-recorded. ____ Yes or ____ No

I agree to have my child video-recorded. ____ Yes or ____ No

Parent's Signature: _____

Date: _____

Homeroom teacher: _____