

Parent/Guardian Informed Consent Agreement

Please read this consent agreement carefully before you decide to participate in the study.

Purpose of the research study: The purpose of the project is to implement and evaluate the *Active Playful Learning* approach. *Active Playful Learning* incorporates engaging learning activities that are meaningful to your child and involves working in small groups with peers as well as in large and small groups with the teacher.

Your child's school and teacher are participating in the Active Playful Learning program, and we would like to include information about your child in the study.

What your child will do in the study: Your child will not do anything beyond engaging in the classroom activities provided by the teacher. We are asking you to complete a demographic form about your child (attached), and give permission for your child's teacher to share the following information about your child in the fall and spring of this year and the spring of the following year:

- engagement and enjoyment;
- academic and non-academic skills (6 Cs: collaboration, communication, content expertise, critical thinking, creativity, and confidence skills)
- social skills; and
- behavior in school.

For example, teachers will rate how well your child remembers instructions and has mastered reading and math skills.

In the following fall, with your permission, we will ask the school to share your child's school record data for up to 5 years, including scores on the state achievement tests.

Time required: The study will not require any time commitment of your child.

Risks: There is a risk of breach of confidentiality. The study team will take precautions to minimize this risk, including de-identifying information and using secure methods to transfer and store information.

Benefits: Information from students whose teachers who are participating in the study will help us to understand how active learning affects engagement and learning.

Confidentiality: The information collected about your child will be handled confidentially. A unique number will be assigned to each participant. The list connecting your child's name and your name to this code will be stored in a secure server at UVA separate from study data. Only the data center and UVA research staff will enter and handle the data. All of the people who work with us, including staff members who collect information in the study, are trained to protect your privacy and the confidentiality of your information. Participants will not be identified in any report or publication about this study.

Voluntary participation: Your child's participation in the study is completely voluntary. The child's grades will not be affected by the study. Teachers will only complete student reports on consented students.

Right to withdraw from the study: You have the right to withdraw your child from the study at any time without penalty.

How to withdraw from the study: If your child wants to withdraw from the study, tell the researcher. There is no penalty for withdrawing. If you would like to withdraw your child, please contact the researcher Tara Hofkens (hofkens@virginia.edu).

Protocol #: 5914

Project Title: Active Playful Learning

Payment: You will receive no payment for participating in the study.

Using data beyond this study: The data collected in this study will be used by study investigators at UVA and investigators at other institutions who are partners in this multi-site project. The research team will remove any identifying information (such as name, contact information, etc.) connected to the information provided before the data is shared. Other researchers will not have access to your name and other information that could potentially identify you.

The Research team will dispose of data that links to any identifiers within 5 years of the end of the study.

Please contact the researchers on the study team listed below to:

- **Obtain more information or ask a question about the study.**
- **Report an illness, injury, or other problem.**
- **Leave the study before it is finished.**

Peg Burchinal, Ph.D.,
Research Professor
University of Virginia
405 Emmet Street South
Ridley Hall, Room 221
Telephone: 919-260-2765
IRB-SBS# 6723

You may also report a concern about a study or ask questions about your rights as a research subject by contacting the Institutional Review Board listed below.

Tonya R. Moon, Ph.D.,
Chair, Institutional Review Board for the Social and Behavioral Sciences
One Morton Dr Suite 400
University of Virginia, P.O. Box 800392
Charlottesville, VA 22908-0392
Telephone: (434) 924-5999
Email: irbsbshelp@virginia.edu
Website: <https://research.virginia.edu/irb-sbs>
Website for Participants: <https://research.virginia.edu/research-participants>
UVA IRB-SBS # 5914

Agreement:

I agree to allow my child to participate in the research study described above.

Print Student Name: _____

Print Parent/Guardian Name: _____

Date: _____

Parent/Guardian Signature: _____

Teacher name: _____ **Grade:** _____

You will receive a copy of this form for your records.

APL Child Demographics Form

We would like to describe the overall demographics of children who participate in our study. Please consider providing the following information, which is optional to report.

1. Which of the following best describes your child's racial group? (Check all that apply.)

- ☐ American Indian or Alaska Native
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Native Hawaiian or Other
- ☐ European American
- ☐ Middle Eastern or North African American
- ☐ Self-described, please describe: _____

2. Is your child of Hispanic or Latino origin or descent? (Regardless of race, including Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.)

- ☐ Yes
- ☐ No

3. Child's gender:

- ☐ Male
- ☐ Female

4. Please indicate which languages are used to speak to your child in your home? (check all that apply)

- ☐ English
- ☐ Spanish
- ☐ Other, please specify: _____

5. Please write your (parent) initials _____