

# Parental Permission Letter

Study Title: Algebra, Programming and Transfer
Investigator: Emmanuel Schanzer

This year, your child will learn computer programming as part of their normal math or technology class. During the programming portion of the class, s/he will design and write a videogame, as part of the Bootstrap curriculum (you can find more information at [www.BootstrapWorld.org](http://www.BootstrapWorld.org)). As part of the class, each child will take a short math diagnostic at the beginning and end of the module.

**Your child's teacher would like to share these scores with a researcher at Brown University** who is studying the impact of the program. The scores will be anonymous, and will not include your child's name.

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## What is the purpose of this research?

The purpose of this research is to evaluate the program's ability to help students learn Algebra using a novel and engaging approach to computer programming. These results will help improve the curriculum, and may improve the delivery of the class to your child or other children.

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## Participation is voluntary

If you choose to share these scores, you may change your mind and notify the teacher at any time. Refusal to participate or stopping participation will involve no penalty. *If you elect to share these scores with the researcher, please sign and return this form to the teacher.*

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## What happens to the information you collect?

The data will be used to measure the impact of the curriculum on the whole class. Your child's individual scores will *never* be used on their own, for any purpose. *Your child's name will never be shared with the researcher, used in any publication, or shared with anyone.*

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## If I have any questions, concerns or complaints about this research study, who can I talk to?

The researcher for this study is *Emmanuel Schanzer* who can be reached at:

[schanzer@bootstrapworld.org](mailto:schanzer@bootstrapworld.org)  
617-792-2438

Bootstrap Program Director  
3575 Larkspur Dr.  
Longmont, CO 80503

<b>If you are comfortable with the teacher</b>
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**sharing this information, please  
*sign and return this form to your child's teacher.***

Your child may withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

This research has been reviewed by the Committee on the Human Research Protection Program at Brown University. They can be reached at (401) 863-3050, or my mail at:

Human Research Protection Program  
Office of Research Integrity  
Brown University, Box 1986  
2 Stimson Street, 3rd Floor  
Providence, RI 02912

...for any of the following:

- If your questions, concerns, or complaints are not being answered by the research team,
- If you cannot reach the research team,
- If you want to talk to someone besides the research team, or
- If you have questions about your or your child's rights as a research participant.

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### **Yes! I would like to opt into this study**

I have read the information in this consent form, and I will allow my child's math diagnostics to be a part of the research study.

### **SIGNATURE**

Your signature below indicates you are granting permission for your child to take part in this research.

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Printed name of child

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Printed name of parent/guardian

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Signature of parent/guardian

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Date