Parental Permission for Parent Participation in Observations

IRB Study #09-696

Title of Study: Negotiating Meaning: How Spanish-Speaking mothers Make Sense of the Construct of Parental Involvement

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Purpose
I am inviting you to participate in my research project. The purpose of this study is to identify how you describe your role in your children’s education.

If you choose to be in this study, you will be one of three participants.

Procedures
This study will take place from September, 2009 through March, 2010. I would like to interview you three times for approximately 1 hour each time. There may be follow-up interviews in the future. I would like to audio-record our interview so I can remember every detail. Also, I would like to ask your permission to have an interpreter present to better understand each other. I will only use the tape to transcribe the interview. For the final report I would like you to choose a nickname in order to stay anonymous. I will use this name in all the paperwork. In this way no one will know about whom we are talking.

I also ask that you allow me to spend a minimum of three hours, at your convenience, observing you and your family within your home or at community events.

What will happen if you take part in the study?
If you agree to participate, I will ask questions about life in your country and how you see your role in your children’s education. I will use information from this study to write a report, possibly to be used as materials for presentation at conferences and/or for publication.

Your participation in this research is voluntary; you have the right to withdraw at any point of the study, for any reason, and without any explanation or prejudice. The information collected, any records and reports written up until the point of your withdrawal will be turned over to you.

Your children, my ELL students, will in no way be affected by whether or not you choose to take part in this study.
**What are the possible benefits from being in this study?**
There are no direct benefits to you. However, by sharing your thoughts, you are allowing educators like me to better understand your role in your children’s education. I personally believe that it is important to share this information which may not be widely known or appreciated.

**What are the possible risks involved from being in this study?**
There should be minimum risks for you participating in this project. You have the right to answer or decline any question if you would like. If you would like to stop the interview or tape recording at any time, you are free to do so. I would like you to ask me when you do not understand a question or the objective of a question. If you feel a question is too personal, you do not have to answer it. If you choose not to answer or participate in the interview or the study, it will not affect your life in any way.

**How will your privacy be protected?**
You will NOT be identified in any report or publication about this study. Your real name will not be used. Instead, you and any other person and place names will be given pseudonyms. I will do everything possible to keep things confidential. However, I have to explain to you that sometimes, despite all my efforts, your identity can be compromised. For that reason, after finishing the study all audio-tapes will be destroyed.

**Will you receive anything for being in this study?**
You will not receive anything for taking part in this study.

**Will it cost you anything to be in this study?**
There will be no costs for being in the study.

**What if you have questions about this study?**
You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact the researchers listed on the first page of this form.

**What if you have questions about your rights as a research participant?**
If you have questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the Virginia Tech Institutional Review Board at (540) 231-4606. Information may also be obtained by visiting their website at [www.irb.vt.edu](http://www.irb.vt.edu)
**Freedom to Withdraw**

You are free to leave from participating in this study at any time. In this case, I will only ask you to inform me that you do not want to participate in this study anymore. By signing this consent form you are verifying that you understood the Informed Consent and your responsibilities. You are also saying that I answered any questions you might have had about the project and your participation. Finally, you accept that you are a voluntary participant; you have consented to let me use any information I obtained in the final paper and in any oral or written presentations, so long as your anonymity is protected. If you chose to participate, you can withdraw without any problem at any time.

**Participant’s Agreement:**

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

I understand that Stephanie Sebolt will observe in my home for 1 – ½ hours two times during this study. I understand that she will collect data from these observations to use in her write up of the study. I understand that if at any time I feel uncomfortable during an observation, I may stop the observation.

____________________________________  __________________
Name of Mother      Date
____________________________________
Signature of Mother

____________________________________                    ___________________
Name of Father                                                   Date
____________________________________
Signature of Father

If I should have any questions about the protection of human research participants regarding this study, I may contact Dr. David Moore, Chair Virginia Tech Institutional Review Board for the Protection of Human Subjects, telephone (540) 231-4991; email moored@vt.edu; address: Office of Research Compliance, 2000 Kent Drive, Suite 2000 (0497), Blacksburg, VA 24060