**Instructions:** This letter of permission is approved for activities that are considered “Pedagogical and Methodological Activities” done in a classroom setup. When the educational activity involves normal educational practices of different teaching strategies and methods, a parental permission is required if such strategies and methods involve children. Rowan University IRB office retains the right to review such activities and determine whether such activities could be considered as “Non-human Subject Research”. The definition of human subject research is “A systematic investigation, including research development, testing, and evaluation, designed to develop generalizable knowledge.” Therefore, if the proposed activity does not involve a systematic investigation leading to generalizable knowledge, such activity will be defined as “non-human subject research.” Even though the activity is considered pedagogical and methodological activity, investigators are expected to adhere to ethical principles of obtaining permission, maintain privacy and confidentiality, and sound study designs. Projects containing protected health information are considered human subject research.

Definitions:

Project Director: Faculty in charge of the class

Student Learner: Student conducting pedagogical and methodological activity.

Student: Student above 18 in a class to give permission to participate

**Permission to Take Part in Pedagogical and Methodological Activities**

<Include Rowan University Logo/College of Education Logo> - Note, can include logo in header.

Dear Participant:

I am requesting permission for you to participate in this learning activity. I selected you because you are a student in <………> class. The goal of this project is to <Include goal of the project here>.

I am currently a student learner in an educational program in which I am learning effective educational practices and strategies to become a good teacher. In order to fulfill this educational activity requirement and to apply such strategies and methods, I am requesting permission for you to participate in this educational learning program under the supervision of my course director…………………………………………….. This activity will take place at …………………………..< Include the name of the location and course title.

The purpose of this activity is < include purpose/objectives of learning. The reason for this project is <…………..include why the student’s participation is being requested>

<Include a paragraph of the activity the student subject will have to perform>

This project will <Include length of study and specific time that the subject will participate in the study here>. There is no cost for participating in this project. <Include number of student subjects, their ages or age range, and gender(s) here>.

This project does not involve any strenuous or dangerous activities: neither physical, mental, nor emotional. There is a reasonable possibility of the breach of confidentiality in this project, but we will take appropriate precautions <Include the procedures and steps taken to reduce, mitigate or eliminate the possibility of breach of confidentiality here>.

There is no direct benefit; however, <Include a statement to the possible benefits to the student subject or the greater population as a whole, such as 4th Graders or other student class>.

Your decision to participate in this project is voluntary. Your decision whether or not to participate in this project will have absolutely no effect on your standing in your class. You have the option to leave the project at any time. If you no longer wish to be in this project, please contact <Include project director’s/student learner’s name and contact information here>.

If you do not give permission to participation, you will still receive the <Include the instructional technique/classroom activity>. There are no other alternatives. At the conclusion of this project a summary of the group results will be made available to all interested participants. If you have any questions or concerns, please contact me at < Student learner’s name and contact information here> or you may contact my course director, <Include project director’s name and contact information here>.

If at any time during the project, either after agreement to participate or during the enrollment phase, you have any questions or concerns regarding your rights as a participant, please contact the Rowan University Glassboro/CMSRU IRB, Office of Research Compliance at (856) 256-4078.

Thank you.

Sincerely,

<Include name and title of student learner here>

**AGREEMENT TO PARTICIPATE**

The purpose and procedures for this project have been provided to you in writing. If you have any questions about this project, then you should contact the student learner and discuss the project. By signing below, you indicate that your questions have been addressed either via the consent letter or through a discussion with the project team.

**I freely give my permission to take part in this project and authorize that his/her information as described above, be collected/disclosed in this project.** I understand that by signing this form I am agreeing to take part in this project. I understand that I have a right to make a copy or receive a copy of this form upon request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant

<Include the following on the same permission form, if you are audio or videotaping. If you are not audio/videotaping, simply delete the section below on consent to audio/video tape and keep the Signature of Individual/Investigator Obtaining Permission. >

**CONSENT TO AUDIO/VIDEO TAPE**

You have already agreed to participate in a project conducted by <Include name of student learner and Course Director here>. We are asking for your permission to allow us to audio/videotape part of the project involving <Include portion/procedure of research that will be audio or video taped here>. You do not have to agree to be recorded in order to participate in the main part of the project.

The recording(s) will be used for analysis by the project team.

The recording(s) will not include any identifiable information. The recording(s) will be <Include retention, storage and other data confidentiality and securing measures here>.

Your signature on this form grants the investigator named above permission to record your child, Minor, as described above during participation in the above-referenced project. The course director will not use the recording(s) for any other reason than that/those stated in the permission form without your written permission.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Investigator/Individual Obtaining Permission:**

To the best of my ability, I have explained and discussed the purposes and procedures of this project including all of the information contained in this permission form when requested. All questions of the participant have been accurately answered, and I have received a signed permission, indicating the participant has the contact information of the investigator’s and read through the letter detailing the involvement and permission to be a participant in the project.

Student Learner/Person Obtaining Permission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<If audio/video will NOT be used in the project, then the paragraph below and the checkbox below can be deleted. This section of the letter is only required when audio/video tape is being used>.

To the best of my ability, I have provided information about the use of audio/video in the conduct of this project, including how it relates to the main purpose of this project and I have provided contact information of the project team for the participant to contact for additional information.

Check the box here if audio/video taping will occur and information was provided to the participant

 - [ ]