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## **Parental Permission for Children Participation in Research**

**Title:** *“Trust but Verify”: Daily checks between Online Students and their Learning Coaches*

### **Introduction**

The purpose of this form is to provide you (as the parent of a prospective research study participant) information that may affect your decision as to whether or not to let your child participate in this research study. The person performing the research will describe the study to you and answer all your questions. Read the information below and ask any questions you might have before deciding whether or not to give your permission for your child to take part. If you decide to let your child be involved in this study, this form will be used to record your permission.

### **Purpose of the Study**

If you agree, your child will be asked to participate in a research study about how doing a daily checklist with their learning coach might increase academic success. The purpose of this study is to look at whether communicating with their learning coach daily will help the student to stay caught up with all their work, keep their learning coach up to date on their progress, and not fall behind and have to catch up at the end of the semester resulting in more academic success.

### **What is my child going to be asked to do?**

If you allow your child to participate in this study, they will be asked to communicate with you daily about their assignments and progress in each of their classes. The learning coach will be asked to record this information in a Google Doc (form) which they will have access to at any time. This study will take one semester and there will be up to 100 other people in this study.

### **What are the risks involved in this study?**

There are no foreseeable risks to participating in this study.

### **What are the possible benefits of this study?**

The possible benefits of participation are improved communication between the Learning coach and the student, not falling behind in courses, and better grades in school.

### **Does my child have to participate?**

No, your child's participation in this study is voluntary. Your child may decline to participate or to withdraw from participation at any time. You can agree to allow your child to be in the study now and change your mind later without any penalty.

### **What if my child does not want to participate?**

In addition to your permission, your child must agree to participate in the study. If your child does not want to participate, they will not be included in the study and there will be no penalty. If your child initially agrees to be in the study, they can change their mind later without any penalty.

**Will there be any compensation?**

Neither you nor your child will receive any type of payment participating in this study.

**How will your child's privacy and confidentiality be protected if s/he participates in this research study?**

Your child's privacy and the confidentiality of his/her data will be protected by keeping the data in locked files during collection. All data will be reported in the aggregate after collected. All individual data will be deleted if electronic or destroyed if paper after being secured for the required retention time.

**Whom to contact with questions about the study?**

Prior, during or after your participation you can contact the researcher, Dr. Barbara J. Greer at 707.225.4415 or send an email to [barbarajgreerphd@gmail.com](mailto:barbarajgreerphd@gmail.com) for any questions or if you feel that you have been harmed.

**Signature**

You are making a decision about allowing your child to participate in this study. Your signature below indicates that you have read the information provided above and have decided to allow them to participate in the study. If you later decide that you wish to withdraw your permission for your child to participate in the study you may discontinue his or her participation at any time. You will be given a copy of this document.

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Printed Name of Child

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Signature of Parent(s) or Legal Guardian

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Date

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Signature of Investigator

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Date