Appendix A.2

DURHAM DISTRICT SCHOOL BOARD

SAMPLE LETTER AND CONSENT FORM

Dear Parents:

I am a graduate student at the University of_____and I am conducting a study that looks at children's problem solving in academic and social situations. A child's approach to solving problems affects all aspects of their life both in and outside of school. The information that your child will provide will be used to help us better understand how children solve problems, and how solving problems in school-like tasks relates to solving problems with friends. I would like to include your child in the study.

In three half hour sessions during April, I will ask children to arrange short stories into similar categories, and to describe their reasons for doing this. This is a fun activity that is also a thinking and learning experience. I am interested in the information children use to do this task. Your child's responses will not be identified by name and I will not use information from school records.

This study has been officially approved by your child's school Principal and the Durham District School Board's Research Advisory Committee. When the study is complete a report on the findings will be available to interested parents in the school library. The identity of individuals will be protected against through the anonymization of data and the use of data suppression rules. The University of _____ assumes responsibility for the storage and safety of the data that is collected. All information is stored securely at the University with access limited to myself and two other project members. Once the study is complete, the data will be stored for 1 year and then disposed of.

I am committed to upholding rights and responsibilities under the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), the Human Rights Code and the Accessibility for Ontarians with Disabilities Act (AODA). If you require accommodation under the Human Rights Code to access this information or to participate in the research, please contact me at <researcher's contact information>.

Please complete the form at the bottom of this letter and return it to your child's teacher by March 23. I sincerely appreciate your co-operation. If you would like to receive more information about the study, please contact me through the school Principal.

Thank you,

Jane Brown
Graduate
Student
Department of Psychology University of _____

- -

School Name _____

Child's Name_____

Check Here

☐ I give permission for my child to participate in the University of_____study conducted by Jane Brown.

☐ I or my child requires accommodation under UNDRIP or the Human Rights Code. Please contact me at _____ for more information.

☐ I do NOT give permission for my child to participate in the University of_____ study conducted by Jane Brown.

Signature of parent/guardian_____Date _____