

## SOLICITATION LETTER TO PARENTS OF POTENTIAL CHILD PARTICIPANTS

DATE

Dear Parent:

My name is NAME and I am a professor/student at Reed College. I am currently studying the effects of different types of feedback on children's motivation. My hope is that this research will be useful to teachers and parents who want to increase students' learning and interest in academic tasks. I am writing to describe this research and to invite you to give permission for your child to participate in a one-time 45-minute session.

The study will take place this summer at Reed College at a time that is convenient for you and your child. In this session, children will work individually to complete several interesting academic puzzles and will be given positive feedback about their performance, which will highlight either personal task mastery or excellence relative to others. Children will be asked opinion questions about their motivation for the puzzles and for school more generally. Although the entire session will be videotaped for later analysis, children will not be informed of this until after they have finished participating. This is necessary because, when children know they are being videotaped, they often vary their natural behavior. Children will be fully debriefed about the procedures and purposes of the study at the end of the session.

As a token of my appreciation, children will be invited to pick out a \$10 gift card for use at local stores. I have attempted to make this session as fun, interesting, and comfortable as possible for children. In previous similar studies, children have reported enjoying their participation because they think the tasks are fun, they get to share their opinions with others, and they learn about research in psychology. I also anticipate that children will enjoy visiting the Reed campus.

It is important to emphasize that my particular interest is in how children *in general* interpret feedback; I am not interested in your individual child's performance, but rather the performance and opinions of groups of children on average. Further, all responses of individual students will be kept strictly confidential. Coded numbers rather than student names will appear on the questionnaires and videotapes, and all data will be stored in a locked cabinet.

Participation in this study is voluntary, you have the right to withdraw your consent at any time without consequences, and your child can refuse to answer particular questions and/or discontinue his or her participation at any point during the course of the study with no negative consequences. Your permission in no way obligates your child to participate in the study if s/he is unwilling.

If you agree to allow your child to participate in this study, please sign and have your child return the attached permission slip to his or her teacher as soon as possible. Either I or the project coordinator, NAME, will contact you at the beginning of the summer to arrange a convenient time for your child to come to Reed College. Once your child arrives at Reed, s/he will subsequently be asked if s/he would like to participate. If so, s/he will be asked to sign a separate consent form. *Please keep this letter in a secure location to ensure that certain information about the study is protected until after your child has completed the study.*

If you have any questions about any aspect of the study, please do not hesitate to contact me for further information or clarification at 503-517-\*\*\*\*. I would be happy to talk with you! You may also contact the Chair of the Reed College Human Subjects Research Committee, Professor NAME, EMAIL, PHONE. Please remember that the success of this study rests on children not knowing the goals of the study in advance. Thank you for your time and consideration.

Sincerely,

PARENT CONSENT FORM

PLEASE ONLY RETURN THIS PAGE  
KEEP THE LETTER FOR YOUR INFORMATION

My signature indicates that **I AGREE** to allow my child to participate in the research study of Professor \*\*\* previously described.

Child's Name: \_\_\_\_\_

Child's Birth Month/Year \_\_\_\_\_

Parents' Names \_\_\_\_\_

Family Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

To schedule the summer session,  
what would be the best time of  
day for us to call you?

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Thank you very much!

## CHILD ASSENT FORM

- We would like you to be in our research project about the kinds of learning situations that make students interested in school. Your parents have already said that it would be fine for you to participate, but we want to make sure that you would like to be in the project.
- If you agree to be in this project, you will work on a few different kinds of puzzles, and we will ask you your opinions and feelings about the puzzles. We will also ask you some questions about what you think about regular school activities. These are all “opinion questions” and there are no right or wrong answers. The whole project will take about 45 minutes and you will get to pick out a \$10 gift card to use at local stores (for example, Clackamas Town Center, Lloyd Center, Blockbuster Video, Toys ‘R’ Us).
- Everything you work on today will be kept confidential. This means that we will not tell anyone else what you think about the project. We won’t tell your teachers, parents, or friends, even if they ask us to. We will write a code number, not your name, on all the questionnaire forms and everything that you work on today.
- Remember, being in this project is your choice. No one will be upset if you don’t want to participate or even if you change your mind later and want to stop in the middle. No matter what, you will still get the gift card. If you want to skip a question, that’s alright too. Just say, “I don’t want to answer that question.”
- You can ask any questions you have about the project now or at any time. Signing your name at the bottom means that you agree to be in this project.

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(Print Name of Student)

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(Signature of Student)

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(Date)

## Release to show Videotape for teaching purposes

### Parent Consent:

I give permission for the videotape of my child's session to be shown in the college classroom for instructional purposes. I understand that this tape will NOT be shown outside of a research or teaching setting. The videocassette will be stored in a locked cabinet and labeled with a code number so that my child's identity will not be connected with the videotape in any way.

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Parent's Signature

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Date

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Child's Name (Please Print)

### Child Consent:

Can we show your videotape to college students to help them learn about children and motivation? Nobody who watches the tape will be told your name or what school you go to. This is your choice, and it is fine if you don't want us to show your tape to college students.

Can we show your tape? Please circle your choice:      **YES**      **NO**

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Student's signature