



ACTIVE PARENT CONSENT FORM

September 2019

Dear Parent/Guardian,

Your school is participating in the *Verizon Innovative Learning Schools (VILS)* initiative. As part of this initiative, the Verizon Foundation has contracted with Westat to conduct a multi-year study of the program’s impact on teachers and students. A primary goal of this study is to measure the effect of providing middle school students with mobile technology and 24/7 Internet access.

As part of the program your child will be participating in some important data collection activities. Specifically, your child will complete a short survey about his/her use of learning technologies and interest in academic subjects. This survey will be administered during the school day at four points in time: fall of 2019, spring of 2020, spring of 2021, and spring of 2022. Your child may also be asked to participate in a focus group, where we will discuss the use of tablets. Also as part of the study, Westat will be provided access to information about your child’s attendance, disciplinary actions, end of year grades, and scores on standardized tests for the 2019-20, 2020-21, 2021-22 school years as well as the previous two years.

Your child is not required to participate in this study. These activities are completely voluntary and he/she may stop at any time. No individual information about your child or about your child’s classroom will be reported or shared. All information will be kept confidential and your child’s participation will not affect your child’s grades.

Parents please be aware that under the Protection of Pupil Rights Act. 20 U.S.C. Section 1232(c)(1)(A), you have the right to review a copy of the questions asked of or materials that will be used with your students. If you would like to do so, you should contact Joy Frechtling at 301-517-4006 or JoyFrechtling@Westat.com to obtain a copy of the questions or materials.

Child’s Name

First name _____

Last name _____

Student ID _____

School No. _____



Miami-Dade County Public Schools
Verizon Innovative Learning Schools (VILS) initiative



School Name _____

Please check one below

_____ **YES**, I agree to allow my child to participate in this research study.

_____ **NO**, I do not agree to allow my child to participate in this research study.

Signature

Date (MM/DD/YY)

Name (Please print)

Relationship to child