

家长同意书

项目名称：“_____”

首席研究员：**Dr. Sigmund Freud, MD, 教育研究生院 212-222-2222**

介绍

您的孩子受邀参与命名为“_____”的研究项目。您的孩子可能有资格参与本研究因为您孩子是数学或相关课程的学生。

主要研究员或研究助理将与您孩子的老师一同开展研究。

为何开展本研究？

本研究旨在判断与数学相关的视频是否对学生有帮助。

若我同意孩子参与本研究，我的孩子必须完成哪些事项？

我们会请您的孩子观看与数学问题有关的视频。

然后，我们将请您的孩子思考这些数学问题。

之后，您的孩子将完成简短的问卷调查，内容与他/她对数学和数学经验的看法和意见有关。

有关我的孩子参与本研究，有哪些可预见的风险或不适？

本研究所涉及的风险与一般课堂活动相似。然而，在阅读和思考数学题目的过程中，您的孩子在对自身或自己的课业进行反思时，可能会感到有些尴尬或不适。

我们将尝试减低这些风险，告知同学们他们可选择 not 回答令他们感到不适的问题，并可随时退出本研究。若您决定不让孩子参加本研究，当其他同学在完成本研究时，您的孩子可以安静地阅读或做其他事情。

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参与本研究，我的孩子将可能获得哪些利益？

参与本研究将不会带来任何直接利益。

参与本研究，我的孩子是否会获得酬劳？

参与本研究，您的孩子将不会获得任何酬劳。

研究何时结束？我的孩子是否能在研究结束前离开？

您孩子的参与时间将跨几个上课日，为时一个半小时左右。研究将分两个时段进行，每个时段大约 45 分钟。

本研究将不会妨碍您的孩子正常的课堂时间。即使未完成研究，您的孩子也可随时离场。

保护您孩子身份的机密性

所收集的数据将保存在主要研究员位于教育研究生院的办公室里，即带锁的档案柜和受密码保护的电脑硬盘里。

研究员将为每一位学生分配识别代码供他们使用（而非他们的姓名），以辨识他们的答案。

数据收集完成后，我们将销毁联系学生身份和识别代码的总名单，从数据中去除所有可识别个人身份的信息。

将如何使用研究结果？

在完成这个项目后，我们将撰写论文和报告，描述与您的孩子及其班级相关的研究发现。

所有的信息将严格保密，以确保任何可识别您孩子个人身份的信息将不会被透露。我们将向您孩子的老师、校长，以及广大的研究社群呈现数据总计（全校性质）。

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525 West 120th Street
New York NY 10027
212 678 3000

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有关本研究，谁能回答我的问题？

若您对本研究或您的孩子参与本研究有任何疑问，可联系主要研究员 -- **Dr. Sigmund Freud** (电话: 212-222-2222 ; 电邮: sfreud@tc.edu)。

有关您的孩子的被试权益，若您有任何疑问，可联系**机构审查委员会**（简称 IRB），拨打 +1 212-678-4105，或电邮 IRB@tc.edu。您也可写信到哥伦比亚大学教育研究生院机构审查委员会，地址为：Teachers College, Columbia University, 525 W. 120th Street, New York, NY 10027。机构审查委员会负责管理哥伦比亚大学教育研究生院的人类研究保护事项。

我 _____ (监护人/家长) 同意让我的孩子参与命名为 “_____” 的研究项目。

监护人/家长姓名: _____

监护人/家长签名: _____

孩子姓名: _____

日期: ___/___/___

注: 中英文版本如有任何歧义，概以英文版为准。

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PARENTAL PERMISSION FORM

Study Title: “_____”

Principal Investigator: **Dr. Sigmund Freud, MD, Teachers College 212-222-2222**

INTRODUCTION

Your child is being invited to participate in this research study called “_____.”
Your child may qualify to take part in this research study because **your child is a student in a math class or math-related class.**

The primary investigator or a research assistant will lead the research with your child’s teacher.

WHY IS THIS STUDY BEING DONE?

This study is being done to determine whether math videos help students.

WHAT WILL MY CHILD BE ASKED TO DO IF I AGREE THAT MY CHILD CAN TAKE PART IN THIS STUDY?

We will ask your child to review math problems via video.

Then, we will ask your child to reflect on these math problems.

Your child will then be asked to complete brief surveys about his/her beliefs and thoughts about math and his/her math experiences.

WHAT POSSIBLE RISKS OR DISCOMFORTS CAN MY CHILD EXPECT FROM TAKING PART IN THIS STUDY?

The risks in this study are no more than the risks associated with usual classroom activities. However, there is a possibility that your child may experience some embarrassment or discomfort while reflecting upon him/herself and his/her academic work or discomfort when reading about and reflecting on math problems.

We will work to minimize these risks by informing students that they are free to choose not to answer questions they are uncomfortable with and to quit the study at any time. If you

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decide that you do not want your child to participate in this study, your child will be able to read or do other work quietly while the other students complete the study.

WHAT POSSIBLE BENEFITS CAN MY CHILD EXPECT FROM TAKING PART IN THIS STUDY?

There are no direct benefits for participating in this study.

WILL MY CHILD BE PAID FOR BEING IN THIS STUDY?

There is no payment for your child's participation in the study.

WHEN IS THE STUDY OVER? CAN MY CHILD LEAVE THE STUDY BEFORE IT ENDS?

Your child's participation will take approximately 1.5 hours over the course of a few class days. The study will be split into two sessions, which will last approximately 45 minutes each.

This study will not interrupt your child's normal instructional time. Your child can leave the study at any time even if your child has not finished.

PROTECTION OF YOUR CHILD'S CONFIDENTIALITY

The data collected will be kept in a locked filing cabinet and on a password-protected computer hard drive in the office of the principal investigator at Teachers College.

The researchers will assign each student with an identification code that students will use (*instead of their name*) to identify their responses.

After the data collection is completed, we will destroy the master list that connects your student's identity to their identification code, thus removing all personally identifying information from the data.

HOW WILL THE RESULTS BE USED?

After we finish our project, we will write papers and reports describing what we learned from working with your child and your child's class.

All of the information will remain strictly confidential, so nothing that would identify your child will ever be reported. We will present the aggregate (whole school) data to your child's teacher and principal as well as the broader research community.

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WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?

If you have any questions about the study or your child's taking part in this research study, you should contact the principal investigator, **Dr. Sigmund Freud, at 212-222-2222 or at sfreud@tc.edu.**

If you have questions or concerns about your child's rights as a research subject, you should contact the **Institutional Review Board (IRB)** at 212-678-4105 or email IRB@tc.edu. Or you can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, New York, NY 10027, box 151. The IRB is the committee that oversees human research protection at Teachers College, Columbia University.

I _____ (guardian/parent) agree to allow my child to participate in the study entitled: "_____."

Guardian/Parent Name: _____

Guardian/Parent Signature: _____

Child Name: _____

Date: ___/___/___

Note: In the event of discrepancies between the English and Chinese versions, the English version shall prevail.