

April 15, 2005

Dear Parent,

Your State Department of Education is part of a group of 18 states that is working with Jerry Tindal, Ph.D. from the University of Oregon, to study alternate assessments. They want to evaluate the content of alternate assessments and how well they function as measures of achievement. We are including in this study a sample of students who are eligible for taking the alternate assessment.

This study is important because it allows states to develop and implement good alternate assessments. Although you or your child may not benefit directly from participation, you are helping us understand how to find out how well students are performing. The results of the study may be published in an education magazine.

The study begins around the middle of middle of April 2005 and is done by the middle of June 2005. Very little instructional time would be taken by having your child participate in this study. A total of two days would be used to give: (a) the alternate assessment, (b) instructional work samples, and (c) brief assessments in reading. Simple directory information would be collected from school records would be coded (grade, gender, ethnicity, age, free-reduced lunch, participation in specialized programs such as Title I, TAG, and special education, primary language, date of birth, disability, and areas of assistance on IEPs). A report will be given to your school at the end of the study. Finally, other achievement information would be collected from building, district, or state tests.

Your child's participation in alternate assessment is required by the school district and you are only being asked to allow these outcomes to be shared with the researcher along with their classroom work. All identifying student information would be removed from any forms before using it for research purposes. If you do not want to participate or want to withdraw at any time, your decision will not affect you or others in the building.

There are no risks in this study. The assessments being used are well accepted as good measures of student routines and skills. All data will use a coding system so no one can identify individuals with outcomes.

A report would be given to your school within six months of the end of the study data analysis and report writing (October 2005) and would be available for you also at that time.

If you have any questions, please contact your school principal or directly call Jerry Tindal (541) 346-1640. Or write to them at 170 Education, University of Oregon, 97403. If you have questions about participation in research projects, you may call Human Subjects Compliance Office at the University of Oregon, Suite 106 - Riverfront Research Park (541-346-2510). A copy of this letter/form will be given to you.

Your signature indicates you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you give your consent to allow [_____] to participate in the study, that you will receive a copy of this form, and that you are not waiving any legal claims or rights.

Parent/Legal Guardian (Print Name) _____

Signature of Parent/Legal Guardian _____ Date _____

April 15, 2005

Dear Teacher,

Your State Department of Education is part of a group of 18 states that is working with Jerry Tindal, Ph.D. from the University of Oregon, to study alternate assessments. They want to evaluate the content of alternate assessments and how well they function as measures of achievement. We are including in this study a sample of students who are eligible for taking the alternate assessment.

This study is important because it allows states to develop and implement good alternate assessments. Although you or your students may not benefit directly from participation, you are helping us understand how to find out how well students are performing. The results of the study may be published in an education magazine.

The study begins around the middle of middle of April 2005 and is done by the middle of June 2005. Very little instructional time would be taken by having your students participate in this study. A total of two days would be used to give: (a) the alternate assessment, (b) instructional work samples, and (c) brief assessments in reading. We also would like you to take a survey and agree to be interviewed. Simple directory information from school records would be collected for participating students (grade, gender, ethnicity, age, free-reduced lunch, participation in specialized programs such as Title I, TAG, and special education, primary language, date of birth, disability, and areas of assistance on IEPs). A report will be given to your school at the end of the study. Finally, other achievement information would be collected from building, district, or state tests.

Your student's participation in alternate assessment is required by the school district and you are only being asked to allow these outcomes to be shared with the researcher along with their classroom work. All identifying student information would be removed from any forms before using it for research purposes. If you do not want to participate or want to withdraw at any time, your decision will not affect you or others in the building.

There are no risks in this study. The assessments being used are well accepted as good measures of student routines and skills. All data will use a coding system so no one can identify individuals with outcomes.

A report would be given to your school within six months of the end of the study data analysis and report writing (October 2005) and would be available for you also at that time.

If you have any questions, please contact your school principal or directly call Jerry Tindal (541) 346-1640. Or write to them at 170 Education, University of Oregon, 97403. If you have questions about participation in research projects, you may call Human Subjects Compliance Office at the University of Oregon, Suite 106 - Riverfront Research Park (541-346-2510). A copy of this letter/form will be given to you.

Your signature indicates you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you will you will receive a copy of this form, and that you are not waiving any legal claims or rights.

Print Name _____

Signature _____ Date _____