

■ EXHIBIT 4.4 Example of a Parental Consent to Participate in Research for Use with Minors

Dear Parent or Legal Guardian:

I am doing research about children's ideas about effort. I would like to know whether ideas about effort are related to how children study and remember in learning and testing situations. I am asking for your permission to let your child be in this research.

There will be two 30-minute sessions alone with your child or in small groups. The sessions will be held in a room at your child's school during school hours. The time will be selected by your child's teacher. The first session will include two questionnaires. The Students' Perception of Control Questionnaire will be given to small groups. The questionnaire has sixty questions about why things happen in school. It measures the students' beliefs about whether they can make good grades if they try. The second questionnaire is a measure of self-esteem. It measures how a child feels about himself or herself in different situations such as at school and with friends.

In the second session, your child will be asked to put together a difficult puzzle. Each child will be shown the solution to the puzzle and then will be asked to study and remember some pictures. Some children will be told that the memory task is a test to see how well they remember, and others will be told it is a chance to learn how to remember better. Finally, children will be asked to rate how well they did, how they feel about what they just did, and whether they would like to do something like this again.

I would also like to look at your child's intelligence and achievement test scores. I am asking permission to use your child's records. Any personal information about you or your child will be confidential. The results from this research may be presented at a professional meeting or published in a professional journal, but your child's name and other identifying information will not be revealed.

You are under no obligation for your child to participate in this project. If you give your consent, you are free to change your mind and remove your child at any time without negative consequences. Also, your child is free to refuse to participate at any time without negative consequences.

If you are willing for your child to participate, and your child wants to participate, please sign below and return this form to school with your child. If you have any questions, please contact me at 765-4321.

Sincerely,

Jane Doe, Ph.D.
Assistant Professor

I give my permission for my child to be tested on the memory task described in this letter, and to complete the questionnaires concerning beliefs about effort and self-esteem. I grant the County Public School System permission to release to Dr. Jane Doe or her assistant my child's test scores and/or access to my child's files.

Child's Name

Birthdate

Signature of Parent/Legal Guardian

Date