TEACHER Consent Form - videotaping of classroom instruction

I authorize the research team at Florida State University (FSU) to videorecord my mathematics instruction as part of my participation in the *Foundations for Success: Developing Effective Mathematics Educators through Cognitively Guided Instruction* study.

I understand that the audio/video recordings will contain my image, voice, or name. I understand that no other information pertaining to my identity will be disclosed with the video, including the name of my school or school district.

I relinquish rights to the videorecordings and understand that they may be copied and used by FSU researchers for research or educational purposes without further permission.

I understand that my participation in the videotaping is voluntary. Declining the invitation to be videorecorded will not prevent me from participating in the *Foundations for Success:* Developing Effective Mathematics Educators through Cognitively Guided Instruction study.

I understand that I am not entitled to any compensation or financial benefits from participating in the audio/video recording.

I understand that I may contact Dr. Robert Schoen, Learning Systems Institute, Florida State University, 4600C University Center, Tallahassee, FL 32306-2540 (Tel: (850) 645-9926; email: K-5math@lsi.fsu.edu) if I have any questions or concerns about the videotapes.

If I have questions about my rights as a participant or feel that I have been placed at risk, I can contact the Chair of the Human Subjects Committee, Institutional Review Board, through the FSU Office of the Vice President for Research at (850) 644-8633 or <u>Humansubjects@fsu.edu</u>.

Do you agree to participate in the videotaping of your classroom instruction as part of the research study?

□ Yes, I have read this form and consent to audio/video recording

□ No, I have read this form and do not consent to participate in audio/video recording

Electronic Signature

Teacher's name:

School:

Grade level taught: