

Sample Parent Permission Letter #1

(Date)

Dear Parent/Guardian:

I am a doctoral candidate at the University of Georgia in the department of educational leadership. My study is examining effective ways to increase teacher knowledge and skills regarding behavior management in the elementary schools in order to reduce office referrals and referrals to Student Support Team (SST) increasing time in the classroom, therefore increasing student achievement.

A step in this process is to review office and SST referral form information in order to determine how often and for what primary reasons classroom teachers refer boys and girls in the third and fourth grade. Students will be identified according to gender, but no names will be recorded or revealed in the course of the study. Your child's teacher will not be interviewed regarding your child or the nature of the referral(s). You will not be contacted for an interview regarding your child. Only the gender, number of referrals, and behaviors indicated on the forms will be noted and categorized. I am asking for your permission to proceed with this step in my study by signing below to indicate your consent.

If you have questions, please do not hesitate to contact me at (telephone number). Thank you in advance for taking the time to help me in my study.

Sincerely,

(Name of Researcher)

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\_\_\_\_\_ **I do give my consent** to the researcher to review office and SST referral forms, which may include information regarding my child, and record the information as indicated above.

\_\_\_\_\_ **I do not give my consent** to the researcher to review office and SST referral forms, which may include information regarding my child, and record the information as indicated above.

Signed: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Student Name: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_