

**STUDENT ASSENT FORM: HIGHLIGHTING EFFECTIVE TEACHING (HETS)
PROJECT (Lower Elementary)
HIGHLIGHTING EFFECTIVE TEACHING STRATEGIES (HET) PROJECT:
Best classroom management practices and instructional strategies of HIDEOE teachers**

We want to share our work with you because we would like you to be a part of it. For this, we need to read this to you. If you have questions, please ask.

Before you say yes, know that:

- You can choose to do it or not.*
- You can say no or stop at anytime.*
- Your parent will also need to say yes.*

What do we want to do?

- We want to video your teacher and classroom.*
- We want to know what makes your teacher so great.*
- We want to share these videos with others.*

How will we do this?

- We will be coming to your class a couple of times.*
- We will watch your class.*
- We will videotape and look for good teaching.*
- We will video 1-2 lessons.*
- We want to video the teacher, but you might be in the video too.*

What does this mean to you?

- We will not ask you any questions.*
- This will not change your class or teacher.*
- Remember, you do not have to say yes and can stop at any time.*
- You may be in the video doing things that happen in the class.*

What will we do with the videos?

- We want to use these videos to help teachers become better.*
- We may share videos in classes all over.*
- We want videos to learn more about your teacher.*
- We might talk about your class with other teachers.*

What about you?

- We promise to keep your info private and safe.*
- We promise to edit videos for your own good.*
- We promise to review videos to ensure your safety.*

What is good about it?

- We will use these videos to help your future teachers.*
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When we visit we want you to feel good and safe in your class. Please tell us if you do not.

Ok and go ahead:

When you say yes, you say it is ok to be in the videos. We also need to see your parents ok, too. If you say ok, we might use video of you. If you say ok, we might share these videos to help people. Remember to let us know if you change your mind.

Teacher's Name: _____

Student Name: _____

Signature: _____ Date: _____

Oral assent

YES

NO

Researcher's Name: _____

Researcher's Signature: _____ Date: _____

Questions?????

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More questions or comments????

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cc: participant

student assent form