

Teacher Consent Document for Classroom Observation Research

Introduction

You are being asked to participate in a research study involving classroom observation. The purpose of this study is to understand classroom interactions and teaching practices. Please review the details below before deciding whether to participate.

Procedures

If you consent to participate, a researcher will observe your classroom activities during scheduled times. There will be no interference with your instruction. No video or audio recording will be made unless separately agreed upon.

Confidentiality

All information collected will remain confidential. Your name and the identities of your students will not be used in any publications or presentations. Data will be securely stored and only accessible to the research team.

Voluntary Participation

Participation in this study is voluntary. You may choose not to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled.

Contact Information

If you have questions or concerns about this study, please contact:

Principal Investigator: _____

Email: _____

Phone: _____

Consent

By signing below, you indicate that you have read and understood the information above, and you voluntarily agree to participate in this classroom observation research.

Teacher's Signature

Date