

Dear West Park Families of 3rd-5th Graders,

As many of you and your students know, I am pursuing my Master's Degree. Within the program at Touro University I am working on a study this year that will show how I can goal set with students in small groups of 1-3 students, with regards to reading, and enhancing their reading level significantly by tracking and encouraging them to follow their individualized course plan of action daily. Students will be required to track the minutes (as they already do) that they read each day and parents will be signing their West Park planner/agenda to ensure accuracy. I will be tracking data in four key areas to find their reading areas of need, teach concepts they need support in, and track West Park Planners monthly for days and minutes read. The purpose of this documentation is to explain expectations to students of grade level abilities and to compare it with those students at the same grade levels that did not goal set and show that goal setting and action planning make a huge difference when it comes to reading goals and grade level expectations.

There are four key areas of data that I would like to use in my study: Reading Inventory, Phonics Inventory, Spelling Inventory and Core Phonics Assessments. I would like to have your permission to use the results of this formal data in my study, along with their personalized goal sheets. I do not foresee any risks to your child from participating in this study. Please rest assure that in any reports using this research a fictitious name or anonymous number will be used in its place to protect your child's privacy.

Please sign this form and return it to me by _____. Should you decide that you do not want your child to participate, your decision will not be held against you in any way. If you agree to participate, but change your mind later, your wishes will be respected.

Your child's Reading Intervention teacher,

Ms. Monica Knecht
Room 20

___ I give permission for my child to participate in the goal setting study for enhancing reading skills.

___ I do NOT give permission for my child to participate in the goal setting study.

Child's Name (please print first and last)

Parent/Guardian's Signature

Date: _____