# (Site Coordinator Letter of Permission- SOE)

DATE

Dear (Principals’ Name),

I am currently working on an action research project as part of my coursework for a master’s degree in curriculum and instruction at Marian University. Action research involves looking closely at a teaching technique or an educational practice or product and examining its effectiveness. This year I will be examining [*insert research focus and design*]. The title of my research project is [*insert title here*]. My goal is to improve instruction and consequently enhance my students’ learning.

This research will require my students to do the following: [*Briefly describe the procedures in simple and specific terms*]. The expected amount of time for student participation towards this project is [*insert number*] weeks and data will be collected from [*start date to end date*].

Although I expect to include all of the students in my class, participation is purely voluntary. I am requesting parent/guardian consent for their children to participate in this research project. I will also ask for each child’s assent to participate. Copy of the IRB approval, parent consent form and child assent form are attached for your file. I assure you that students will not have to do any extra work or commit to extra time because of this research. All instruction and data collection will be conducted during the regularly scheduled daily activity. Additionally, participation or nonparticipation in the study will not in any way adversely affect students and no student will be at risk. Students may choose not to participate even if parents consented.

My final report will not include any information that might identify any of the participants in this study, and students will not be photographed or recorded in any fashion. The data I collect will be destroyed three years after the completion of my study. I will not publish the results of my action research. The only other individual who will look at my study is my research instructor and co-investigator, Dr. Aïda Michlowski. Should you have any questions about the research, please feel free to contact her at [amichlowski*@*marianuniversity.edu](mailto:amichlowski@marianuniversity.edu) or 920-923-8749. You may also contact Marian University’s Institution Review Board which provides approval and review of all research projects at (920) 923-8796 or orsp@marianuniversity.edu.

In order to gain final approval of this research project with the Institutional Review Board, I need your signature on the attached site permission. I have filled in my information regarding the stud and all you need to do is check off the box or boxes appropriate for the permission you are giving. Note in Box 2, circle the appropriate word either unrestricted or restricted from the sentence and deselect the other option by crossing it out.

I look forward to conducting this research and sharing the results with you and my colleagues. Please return this to me by [*deadline*]. Thank you for your consideration and support.

Sincerely,

[your signature}

Your School Letterhead Here

Institutional Review Board

Marian University

45 S. National Avenue

Fond du Lac, WI 54935

Dear Institutional Review Board,

I hereby agree to allow Your Name, from Marian Universityto conduct his/her research at School Name and Location. I understand that the purpose of the study is to (state purpose of study).

By signing this letter of permission, I am agreeing to the following:

MU researcher(s) have permission to be on School Name/Location premise.

MU researcher(s) have unrestricted / restricted access to the data collected to perform the data analysis both for presentation to Marian University and for publication purposes.

Sincerely,

## Name of Authorized Individual, Title

*Name of Off-site Location*

*Date*