

Dear Parent:

There are many STARTALK programs across the United States. The National Foreign Language Center (NFLC) supports these programs. One of the NFLC's jobs is to collect information about participants. To collect this information, NFLC surveys all participants. The survey asks about language learning experiences and attitudes about language learning. NFLC will use the answers to these questions to make future STARTALK programs and language programs across the country better.

During the STARTALK program your child may also use a program called LinguaFolio. LinguaFolio is a self-assessment, self-report tool used in Europe and several U.S. states and designed for language learners. This tool helps your child track his progress while learning the language. Your child's program may also use other assessment tools.

We will do our best to keep your child's personal information confidential. All information collected by the survey will be stored in a password-protected database. We will not include participant names in any published reports, media, or public discussions of STARTALK. Your child's name will be given a code for survey data. This code, instead of a name, will link your child's survey and identity. Only the researcher, you, and your child will be able to see this information. We will ask for your permission if we want to cite your child by name for any reason.

Your child may be photographed or video or audio recorded for recruitment and teacher training purposes.

Sincerely,

Betsy Hart

Project Principal Investigator

Betry Hard

University of Maryland College Park

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Project Title	STARTALK		
Purpose of the Study (Why do I need to sign this form?)	This research is being conducted by Betsy Hart at the University of Maryland, College Park. We are inviting you to participate in this research project because your child is participating in a STARTALK Program. The purpose of this research project is to collect data about your child's experience and language learning in order to make further STARTALK programs better.		
Procedures	The procedures involve the following:		
(What does my child	If your child is in K-5th grade, you, the parent, will be asked to complete a		
•	survey about your child and his/her STARTALK learning experience.		
have to do?)	If your child is in 6th-12th grade, he/she will be asked to complete a survey his/her STARTALK learning experience. The survey will collect information about your child, including: • demographic information • your child's experience learning the language • how your child feels about the program The survey is online and takes 15 minutes to complete. During the research project, your child may also use LinguaFolio. LinguaFolio is a self-assessment, self-report tool used in Europe and several U.S. states by language learners.		
	Your child may also be photographed, video or audio taped during STARTALK program for recruitment and teacher training purposes.		
	Please, put a check mark next to one of the statements below:		
	I give my consent to have my child photographed and video recorded for this study		
	I do not give my consent to have my child photographed and video recorded for this study		
Potential Risks and	There are no known risks for participation in this study.		
Discomforts			
Potential Benefits	There are no direct benefits from participation in this research. We hope that in the future other people might benefit from this study through improved understanding of what contributes to successful language teaching and learning.		

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Confidentiality	Any potential loss of confidentiality will be minimized by storing data in a password-protected database. Only National Foreign Language Center research staff will have access to see the survey and other data. Videos/photos are held by the program and are only requested by National Foreign Language Center staff if needed for promotional or educational purposes. Please, be advised that the survey will not ask for your child's name. If we write a report or article about this research project, your child's identity will be protected to the maximum extent possible. Your child's information may be shared with representatives of the University of		
	Maryland, College Park or governmental authorities if your child or someone else is in danger or if we are required to do so by law.		
Right to Withdraw and Questions	Your child's participation in this research is completely voluntary. Your child may choose not to take part at all. If he/she decides to participate in this research, he/she may stop participating at any time. If he/she decides not to participate in this study or if he/she stops participating at any time, it will not prevent him/her from any services that STARTALK provides, now or in the future.		
	If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator: Betsy Hart		
	National Foreign Language Center The University of Maryland Mail Services Bldg #343 P.O. Box 93 College Park, MD 20742		
	(301) 405-9698 bhart@nflc.umd.edu		
Participant Rights	If you have questions about your rights as a research participant or wis to report a research-related injury, please contact:		
	University of Maryland College Park Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742 E-mail: irb@umd.edu		
	Telephone: 301-405-0678		
	This research has been reviewed according to the University of Maryland,		
	College Park IRB procedures for research involving human subjects.		
Statement of	Your signature indicates that you are at least 18 years of age; you have read		
Consent	this consent form or have had it read to you; your questions have been answered to your satisfaction and you/your child voluntarily agree/s to		
	answered to your sanstaction and your your clinic voluntarity agree/s to		

University of Maryland College Park

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	participate in this research study. You will receive a copy of this signed		
	consent form.		
	If you agree to participate, please sign your name below.		
Signature and Date	YOUR CHILD'S NAME		
	[Please Print]		
(Both you AND your child must sign if applicable)	PARENT OR		
	GUARDIAN NAME		
	[your name]		
	SIGNATURE OF CHILD'S		
	NAME OR GUARDIAN		
	[your signature]		
	SIGNATURE OF THE		
	CHILD		
	[if 12 years of age or		
	older]		
	DATE		