

**Permission to be Contacted for Additional Data Collection**

**ALL APPLICANTS TO THE PROGRAM MUST COMPLETE THIS FORM**

The School of Education may ask you to participate in additional data collection activities for research purposes beyond the required materials collected as part of the teacher education program. As stated in the accompanying letter, your full name will not be used in research and your identity will be not be disclosed intentionally to anyone outside the teacher education program. However, you may be recognized in the materials by people who know you. Your participation in these additional research activities is strictly voluntary and your decision will not influence your opportunities, standing, or treatment in the School of Education or at the University of Michigan.

Agreeing to be contacted for additional data-collection activities does not obligate you to participate in such data collection and even after you agree to participate, you may withdraw your permission at any time without penalty. However, work using your information that has been completed prior to your request will not be retracted or otherwise discontinued.

Please indicate your preference:

\_\_\_\_\_ I give my consent for School of Education teacher education program faculty and researchers to contact me to participate in all the extra-program data collection activities.

\_\_\_\_\_ I give my consent to allow School of Education teacher education program faculty and researchers to contact me to participate in only those extra-program data collection activities checked below (check ALL that apply):

<b>Permission to be contacted (for data collection beyond course or program requirements)</b>
_____ I consent to be contacted to participate in as many as 3-5 audiotaped individual or group interviews to be held outside of class/field requirements. These interviews may take place during my time in the program or post-program (e.g., in my early years of teaching).
_____ I consent to be contacted to participate in additional videotaping or observation of my teaching, beyond course or program requirements and/or after completion of course or program requirements (e.g., in early years of teaching).
_____ I consent to be contacted for copies of my written work not required by the program and/or after completion of course or program requirements.
_____ I consent to be contacted to participate in surveys and/or assessments beyond those required by the program and/or after completion of course or program requirements.

\_\_\_\_\_ I do not consent to be contacted to participate in any data collection activities that extend beyond routine program requirements.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**