

Developing Mathematical Inquiry Communities: Teacher practices and student outcomes in mathematics

OPT OUT FORM: PARENTS/CAREGIVERS

THIS FORM WILL BE HELD FOR A PERIOD OF FIVE (5) YEARS

Students will complete the assessment tasks and surveys as part of their normal mathematics classroom work and assessment. Please complete the form below and return this to your classroom teacher if you **do not** wish for your child's mathematics assessment results and survey responses to be shared with the research team and used for the study described in the information sheet.

I request that my child's mathematics assessment results and survey responses are excluded from the research study.

Date:	
School:	
Room Number/Teacher:	
Childs Full Name:	
Parents Name (printed):	
Parents Signature:	