

**University of Florida – Department of Art Education**

Dear Parent/Guardian:

I am currently working on my Master’s Degree in Art Education from the University of Florida. I am conducting research on the effects of a problem-solving process called “Design Thinking” under the supervision of Dr. Elizabeth Delacruz. The purpose of my research is to discover what behaviors occur in a middle school art classroom when I create and implement a curriculum unit based on the Design Thinking process. The results of the study may help other teachers better understand the Design Thinking process and allow them to design instructional practices accordingly. These results may not directly help your child today, but may benefit future students. With your permission, I would like to ask your child to volunteer for this research.

The participating students will learn and participate in the Design Thinking process of brainstorming and problem-solving. This collaborative effort by the students will result in designing prototypes with a common goal of making life better in some way. I will ask students to answer questions about their experience. The procedure will be presented by me during the Area of Special Interest (ASI) class. The project will take place for 25 minutes, three days a week, for four weeks during the month of February and may follow into March. With your permission, your child and his/her artwork will be videotaped and photographed during the instructional period. Their identity will be protected and confidential. Some video footage and images will be accessible on my professional website. My website address is <http://laurieemyers.weebly.com/>

If permission is granted, I will never use your child’s name with their artwork, nor will I put their name with their picture, or say their name during videotaping. Their identity will be kept confidential to the extent provided by law. Participation in this study will not affect the children’s grades or placement in any programs.

You and your child have the right to withdraw consent for your child’s participation at any time without consequence even after the course is over. There are no known risks or immediate benefits to the participants. No compensation is offered for participation.

Please return this permission slip as soon as possible if you are in agreement. If you have any questions about this research protocol, please contact me, my building administrator, Mrs. Monica Davis at (573) 458-0120, or Dr. Delacruz at [edelacruz@ufl.edu](mailto:edelacruz@ufl.edu). Questions or concerns about your child’s rights as a research participant may be directed to the IRB02 office, University of Florida, Box 112250, Gainesville, FL 32611, (352) 392-0433.

Thank you for your consideration,

Laurie Myers

**Please complete one form and return to me at your earliest convenience. The second form is your copy.**

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I have read the procedure described above. I voluntarily give my consent for my child,

\_\_\_\_\_, to participate in Mrs. Laurie Myers’ study of Design Thinking in the classroom. I have received a copy of this description.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date