

CONSENT FORM
PROF 410/411 Studying Your Own Teaching

Candidate's name Natalie Visser Faculty Liaison: Nancy Fitzpatrick Section: _____

Instructions: Complete and submit to your Faculty Liaison via email by February 22, 2016

1. Inquiry Question: How can I help my students improve the quality of their learning?

2. Problem of Practice and Rationale for Inquiry Question:

I want students to be critical thinkers and be aware of learning skills. I want them to self-assess often so that it becomes something they are always thinking about.

3. Methods for Collecting Evidence on Actions

Systematically collect evidence on the impact of your actions. Document and analyze your data carefully and thoughtfully. Check all the methods and resources that you intend to use/

<input checked="" type="checkbox"/> Observation of students during teaching	!	Conversations with students
<input checked="" type="checkbox"/> Analysis of student work	!	Personal reflections
!	Notes (by self and Associate Teacher) on own work	
!	Written feedback from students submitted anonymously to Associate Teacher	
!	Notes from discussion with peers, Faculty Liaison, Queen's course instructors	
!	Notes from discussion with Associate Teacher or other teachers	
<input checked="" type="checkbox"/> Other (specify) <u>Self-Assessment handouts</u>		

As a Teacher Candidate, you may not use interviews, surveys, audio or video recordings, or photographs to collect data. You cannot include any commentary on your associates. Your work must not contain identifiers of your practicum school, your students, or your associates.

Concerns Contact: Dr. Peter Chin, chinp@queensu.ca

CANDIDATE CONSENT: I consent to participate in the Studying Your Own Teaching project.

Natalie Visser

Date: Feb 22/16

Signature of Teacher Candidate

FACULTY APPROVAL: Having read this teacher candidate's proposal, I confirm that it is of low ethical concern and minimal risk to the candidate and the students with whom he or she is working.

Signature of Faculty Liaison

Date: _____

SCHOOL APPROVAL: Having read the proposal, I confirm that it describes an appropriate professional learning activity for this teacher candidate and the students with whom he or she is working.

S. Noller
Signature of Associate Teacher or School Liaison!

Date: Feb 24/16