

October 21, 2009

Dear Parent:

I am from the School of Music at Western Illinois University. I am conducting a research study on the effectiveness of teaching specific behaviors during individual sight-singing testing. I would like to include your child in my research study. Your child was selected as a possible participant because they have experience auditioning for the all-state choir in your state and/or are in the upper level choir at their high school. The study will take place in your child's chorus room at his/her school. If your child takes part in this project, it should take approximately 1 hour over the course of 4 days to complete the research study.

If your child participates in the study, he/she will be asked to participate in a brief survey about their musical background and school choral program. He/she will then be given a Musical Aptitude Profile (MAP) test. After this score is determined, he/she will be given an individual sight-singing pre-test, similar to those used in many all-state choir auditions. He/she will then be randomly assigned to one of two groups. One of the groups will receive a 30 minute treatment of instruction about behaviors that are linked with achievement in sight-singing performance. Behaviors that will be discussed during this teaching session may include: using Curwen hand signs, singing out loud during the practice time, keeping the beat with your body, singing through the entire melody, isolating challenging spots in the music, skipping the easy parts during the practice time, setting a steady tempo, all of which are common behaviors in a music classroom environment. Afterwards, a sight-singing post-test will be given. The pre-tests and post-tests will be audio-recorded for so that the tests can be scored. All scores will remain confidential, and your child's name will not be used in this study. Instead, he/she will be assigned a random number so that I am able to individually track all scores.

There is minimal risk involved in this study. The risk is not greater than that experienced in normal daily activities. I hope this study will help your child develop a better understanding of themselves as a musician. Depending on the treatment your child receives, he/she may gain sight-singing skills.

Your child's name will not be included on any part of this study. He/she will be assigned a random number so that the survey, pre/post-tests, audio-recordings, and MAP tests can all be individually tracked. All results will remain confidential. Your child does not have to participate in this study and can quit the study at any time with no consequences or repercussions. No reference will be made in oral or written reports that could link your child to the research.

Your child's participation in this project is completely voluntary. In addition to your permission, your child will also be asked if he or she would like to take part in this project. Only those children who have parental permission and who want to participate will do so, and any child may stop taking part at any time. You are free to withdraw your permission for your child's participation at any time and for any reason without penalty.

I look forward to working with your child. I think that our research will be enjoyable for the students who participate. If there are any questions at any time about the study or the procedures, please contact:

Dr. Richard Cangro, Investigator, Faculty Advisor

Amanda Stevenson, Co-Investigator

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319-457-1008
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This project has been reviewed and approved by the WIU Institutional Review Board. Questions concerning your rights as a participant in this research may be directed to Angela J. Tee, IRB Administrator, at (309) 298-1191 or IRB-Administrator@wiu.edu.

Please read carefully and complete the attached form, and return it to your child's choral director as soon as possible. Thank you for your time, and I look forward to hearing from you soon.

Sincerely,

Amanda R. Stevenson
Western Illinois University
School of Music
319-457-1008
AR-Stevenson@wiu.edu

In the space below, please indicate whether you **do** or **do not** want your child to participate in this project and return this note to your child's choir teacher as soon as possible.

_____ I have read the above information, and I have received a copy of this form. I **do** want my child, _____ (child's name) to participate in this study.

_____ I have read the above information, and I have received a copy of this form. I **do not** want my child, _____ (child's name) to participate in this study.

Please check this box if you will allow your child's Musical Aptitude Profile score to be released to your child's teacher. Knowing your child's score can allow his/her teacher to quickly provide appropriate instruction through group and individual teaching methods.

Parent/Guardian's Printed Name	Signature	Date
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Investigator's Printed Name	Signature	Date
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