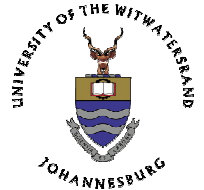


PARENT/LEGAL GUARDIAN INFORMATION LETTER



Psychology
School of Human & Community Development

Private Bag 3, Wits 2050, South Africa. Telephone: +27 11-717-4500/2/3/4. Fax: +27-11-717-4559

29 May 2009

Dear Parent/ Guardian

My name is Daelle Fainstein, and I am a Masters Student in the Department of Psychology, University of the Witwatersrand (Wits). For the purposes of obtaining my degree, I am conducting a research study. The focus of my study is on the differences in learned helplessness, depressive symptoms, and academic achievement between children in a mainstream class, and those who experience barriers to learning.

The research process will involve the completion of two questionnaires by each learner. I will administer the questionnaires on a group basis, in two sessions. Each session will last approximately 30 minutes. A debriefing exercise will follow administration of the questionnaires. The headmistress of the school has granted permission for the questionnaires to be administered during school hours on the school premises, during a school period that is convenient for both the teachers and children. In addition, in order to provide a reliable measure of academic achievement, I would like to request that you agree to the disclosure of your child's English and Maths marks from last term. Confidentiality of these marks is guaranteed, as they will only be used in order to gain an average of academic achievement within the groups.

Results of the questionnaires and school marks will be treated with absolute confidentiality. All questionnaires will be coded numerically, and therefore no child will be individually identified in any written or spoken report. All information gathered will be used exclusively for research purposes and will not be shown to anyone but the researcher and her supervisor. Confidentiality is also guaranteed since only group trends and correlations will be identified, from which it will be impossible to identify any particular child. Results of the study regarding group trends and correlations will be made available to interested parties, on request. All data will reside with the researcher and her supervisor until examination of the research is complete in November 2009, after which, the data will be destroyed.

There will be no negative consequence or benefit in relationship to your child's scholastic performance as this is solely for research purposes and is not in any way linked to the school curriculum. There is no preparation required by the participants. I would therefore like to invite you to consent to your child's participation in this study.

If you choose to accept this invitation and agree to your child's participation in this study, please note that you may withdraw your child from the project at any time, for whatever reason, without any questions being asked. In the unlikely event that your child experiences emotional disturbance as a result of participation in the research, an appropriate referral for free counselling will be made.

Should you grant permission for your child to participate in the study, please discuss it with him/her and ascertain that he/she is willing to participate. Then please fill in the attached consent form and return it to the class teacher, as soon as possible.

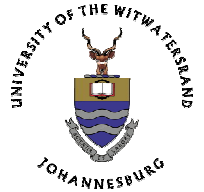
Should you have any queries about the project, please contact me via e-mail and I will endeavour to answer any questions you may have: daellef@yahoo.co.uk. You may also contact my supervisor, Ms Sue Thompson via email: Sue.Thompson@wits.ac.za

Kind Regards

Daelle Fainstein
Researcher/ Student Psychologist
Tel: 076 861 3392

Sue Thompson
Research Supervisor/ Educational Psychologist
Tel: 011 717 8330

CONSENT FORM



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I _____ (Parent or Legal Guardian) of
_____(child's name) in Grade _____ have read the information letter
and I am aware that by signing this form, I am consenting to the study and am aware of the
terms, as outlined in the information sheet. I am also aware that my child is still required to
assent to the study before he/she can participate.

SIGNED: _____ DATE: _____