APPENDIX B

Mr. .................
Department of Education
Uitenhage area
Private Bag X64
Uitenhage
6230

27.08.2002

Dear Sir

PERMISSION FOR RESEARCH STUDY IN UITENHAGE AREA

My name is Mrs. Zona Rens. I am an Occupational therapist in private practice in Uitenhage, currently busy with my Masters degree at the University of the Witwatersrand. I am undertaking a research project in order to complete this degree. The Beery test of Visual-motor integration is a test widely used by South African Occupational therapists and Psychologists. The test is standardized on American children and according to research the interpretation of the results cannot always be applied to the South African population. The test has a very good correlation with predicting the outcome of a child's mathematics and reading abilities.

The purpose of my research is to standardize the Beery test of Visual-motor integration on a South African population of children aged 7 years 0 months to 7 years 3 months. I contacted the Department of Education already for a list of all the primary schools in the Uitenhage area. The schools will be chosen at random to represent the population according to the South African census.

If granted permission, I intend to contact the principals of the schools chosen to ask their permission as well. I need 80 children, divided into the three main population groups as follows: 87% African (70 children), 7% coloured (5 children) and 6% white (5 children). I will administer the test myself. It will be done in class in a group, with the teacher of the class as the translator. I need 30 minutes per group and will use only one group per school chosen. I will supply all the tests and materials needed to do the tests. The parents of the children will sign a consent form prior to the day of the testing. I intend to do the tests in the last term of 2002 or the first term of 2003.
I need your written permission to go ahead with this project, as I need to include it in my research proposal.
My postal address is:
Z Rens
P.O. Box 327
UITENHAGE
6230
You can either post the written permission to the above address or fax it to: 041 9910114.

Thank you for your kind help. Please contact me if you require any further information.

Regards

MRS. ZONA RENS
OCCUPATIONAL THERAPIST