

**OCCUPATIONAL THERAPIST  
ZONA RENS  
17 HARPER STREET  
UITENHAGE  
6230  
TEL/FAX 0419910114  
CELL 0823370722**

UITENHAGE  
6230

10.02.2003

Dear

**PERMISSION FOR RESEARCH STUDY IN YOUR SCHOOL**

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 received permission from the Department of Education to conduct the research, and include the letter as received from them. As you will see in this letter, I also need:

- your permission to use children in your school to participate in the study
- to negotiate a suitable time to administer the test (30 minutes) as to limit the disruption of the school time-table
- your permission to use the class teacher of the children participating, as translator, because the test needs to be presented in the children's home language
- consent of the parents of children concerned

I need 80 children in total for the research, divided into the three main population groups as follows: 87% Xhosa speaking (70 children), 7% coloured (5 children) and 6% white (5 children). I will administer the test myself. The test has three parts:

- Part one will be done in a group and takes 15 minutes to administer.
- Part two will be done individually and takes 3 minutes to administer.
- Part three will be done individually and takes 5 minutes to administer.

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 March 2003, on a date that suits you. The children I need for the study had to be born in December 1995, January 1996, February 1996 or March 1996, as I need them to be in the age group 7 years 0 months to 7 years 3 months when I come to test them.

Please inform me:

- if you will grant me permission to come and do the study in your school
- if you have children in this age group that are willing to participate and how many they are
- if you are willing to see that the parents receive the parent information letter and consent form to read and sign prior to the testing

Enclosed please find the following documents:

1. Letter of permission from Department of Education
2. Parent information sheet
3. Parent consent form

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

Regards

MRS. ZONA RENS  
**OCCUPATIONAL THERAPIST**