

CHICAGO STATE UNIVERSITY

Department of Chemistry and Physics

9501 S. King Drive / SCI 309
Chicago, IL 60628-1598
773-995-2180, Fax: 773-995-3809

Date: _____

Your child's science teacher has been involved in a program at Chicago State University called the Physics Van Inservice Institute. The Physics Van provides science equipment and activities to Chicago Public Schools (CPS). All activities are designed to promote science understanding and many activities use modern technology to illustrate scientific concepts and collect data. In particular, the Van activities are based on research into student learning and address specific student difficulties with challenging concepts in physics. During some of the Van visits, students in the physics classroom will be, or may have been photographed while engaged in the Van activities. We are asking whether you object to having the pictures of your child used in either presentations, or on the internet, or in an announcement describing the Physics Van. Your child's name will **never** be associated with any of the photographs and pictures will almost always involve a group of students rather than an individual.

We would like to use these photographs to document the program and how students interact with the Van activities. We also want to promote the program so that other CPS students can benefit from the program.

If, for any reason you object to your child's picture being used for these purposes, please check the box (or boxes) below, fill in the information requested, and return the form to your child's science teacher within two weeks. If you **do not object**, simply discard this letter. If you have any questions, please do not hesitate to contact Dr. Mel Sabella (773-995-2172) at Chicago State University.

- I object to having the **pictures** of my child being used in presentations.
- I object to having the **pictures** of my child being used on the internet.
- I object to having the **pictures** of my child being used in announcements.

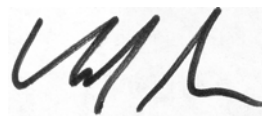
Child's name: _____

Address: _____

Signature of Parent or Guardian: _____

Date: _____

Sincerely,



Dr. Mel Sabella
Associate Professor of Physics

