Parental Consent Form for Research Participation

Research Title: Histociologi: Digital Tools as Learning Resources for Improving Mathematical Digital Competency Grounded in History and Socio-ecological Contexts

Investigator: Shofan Fiangga (PhD Student) **Affiliation:** Utrecht University

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Introduction Your child is invited to participate in a research study aimed at improving how students learn mathematics using digital tools. The goal of this study is to understand how students use digital tools (specifically GeoGebra) to solve real-world mathematical problems related to history and the environment. We aim to develop better teaching tasks and digital resources for topics like the "Lines of Triangle".

Description of Participation If you allow your child to participate, they will:

- Solve mathematical problems using GeoGebra with socio-ecological contexts.
- Be screen-recorded during activities to help the researcher analyze the process of problem-solving and tool usage.
- Complete tests and provide feedback on the digital activities.

Voluntary Participation and Withdrawal Your child's participation is entirely voluntary. You or your child may choose to stop participating at any time without any negative consequences to your child's grades or relationship with the school.

Confidentiality and Data Protection All information collected, including video recordings and test results, will be kept strictly confidential. Data will be stored securely and used only for research purposes. Your child's name will not be used in any reports or publications resulting from this study; instead, pseudonyms or coded IDs will be used to protect their identity.

Contact Information If you have any questions or concerns about this research, please contact: Shofan Fiangga Email: shofanfiangga@unesa.ac.id phone: +6281336622157

Consent Statement

I have read and understood the information provided above. I have had the opportunity to ask questions, and they have been answered to my satisfaction.

Please check one:

[ ] **GIVE PERMISSION** for my child to participate in this study, including being video-recorded.

[ ] **DO NOT GIVE PERMISSION** for my child to participate in this study.

Student's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ **Date:** _____

Researcher's Signature: _____ **Date:** _____