**Informed Consent**

This program is an online network of language learners. It is the student’s responsibility to follow the guidelines put out by the teacher and the website in order to stay safe while using the program. Students are not to share any personally identifiable information with anyone and should use the program for the sole purposes given by the teacher.

Our class will be using this program to help supplement their language learning. This program allows students to practice their writing, speaking and listening skills as they work through lessons. The student’s progress is tracked through experience points and each individual learner can set their own daily goals. For those students who wish to connect with friends, there is the ability to do so and check on their progress.

Guidelines (<https://www.duolingo.com/guidelines>):

* Always be respectful of others and where they’re coming from
* Help and support your peers whenever possible. If you don’t have anything nice to say, don’t say it
* Embrace and share regional language differences
* Think before you share
* Don’t upload a picture of yourself for your profile picture
* Create a user name that is not your real first and last name

Please keep page one for your records and complete page 2 to be sent back to me for my records. Thank you.

**Teacher Name**

**Contact Information**

Please choose one of the following, if you feel that you do not have enough information to make an informed decision, please contact me to discuss further:

[  ] My child agrees to the rules for using Duolingo

[  ] I do not agree to the use of Duolingo and I am aware it may result in a course withdrawal or a separate assignment(s).

We understand the privacy risks and management strategies as they have been shared with us.

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Parent Signature                                                                                  Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature                                                                                Date

Received by teacher on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_