INDIANA UNIVERSITY INFORMED CONSENT STATEMENT FOR

Foundations in Science and Mathematics
For Parents

Your child is invited to participate in a research study of student performance in short math and science programs. Your child was selected as a possible subject because he or she is a participant in the Foundations in Science and Math summer program. We ask that you and your child read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by Adam Maltese at Indiana University.

STUDY PURPOSE

The purpose of this study is to help educators understand what activities are helpful to students as they prepare for high school STEM courses.

NUMBER OF PEOPLE TAKING PART IN THE STUDY:

If you agree to participate, your child will be one of up to 1000 subjects who will be participating in this research.

PROCEDURES FOR THE STUDY:

If you allow your child to be in the study, your child will do some of or all of the following things:

1. Allow the researchers access to your child’s work (e.g. tests and worksheets) from the all classes in the summer program.
2. Allow the researchers to ask your child to self-report his or her school GPA and to describe his or her attitude toward group study.
3. Allow the researchers to ask your child to complete a pre- and/or post- interest survey.

RISKS OF TAKING PART IN THE STUDY:

While on the study, the risks are:

Loss of confidentiality. Every precaution will be taken to remove identifying information from all data taken for this study and no data will be shared with outside parties that could be used to identify your child, but absolute assurance of confidentiality cannot be given.

BENEFITS OF TAKING PART IN THE STUDY:

Other than possible improvement in education overall, there are no direct benefits to your individual child for participating in this study.
ALTERNATIVES TO TAKING PART IN THE STUDY:

Instead of being in the study, you have these options:

You may choose to not allow some or all of the data pertaining to your child described above be gathered or used for education research purposes. This will not affect your child's standing in the program and your child will be able to continue to participate in classroom activities in exactly the same fashion as those students who wish to participate in the education research.

CONFIDENTIALITY

Efforts will be made to keep your child’s personal information confidential. We cannot guarantee absolute confidentiality. After the research team completes analysis of the data and publish results, all identifiable records of student performance will be destroyed. Your child’s personal information may be disclosed if required by law. Your child’s identity will be held in confidence in reports in which the study may be published and databases in which results may be stored.

Information collected for this study may be used for future research studies or shared with other researchers for future research. If this happens, information which could identify participants will be removed before any information or specimens are shared. Since identifying information will be removed, we will not ask for additional consent.

Organizations that may inspect and/or copy your child’s research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the IU Institutional Review Board or its designees, and (as allowed by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP) who may need to access your research records.

COSTS

There is no additional financial cost to participate in education research. The fee that was paid to be part of the summer program is not related to the costs associated with the education research.

PAYMENT

Your child will not receive payment for taking part in this study.

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study or to remove your child from this research study, contact the co-investigator Riddhi Sood at soodr@indiana.edu.

For questions about your child’s rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Human Subjects office at 812-856-4242, 800-696-2949 or by email at irb@iu.edu
VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to allow your child to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which your child is entitled. Your decision whether or not to participate in this study will not affect your or your child’s current or future relations with the investigator(s).

SUBJECT’S CONSENT

In consideration of all of the above, I give my consent for my child ____________________________ to participate in this research study using the following types of data:

Student Work:
  ______ Yes, you may use my child’s work from the summer program in research.
  ______ No, you may not use my child’s work from the summer program in research.

Self-reporting Performance and Attitudes:
  ______ Yes, you may ask my child to self-report his or her GPA and to describe his or her attitude towards group study.
  ______ No, you may not ask my child to self-report his or her GPA, and you may not ask my child to describe his or her attitude towards group study.

  ______ Yes, you may ask my child to complete a pre- and/or post- interest survey.
  ______ No, you may not ask my child to complete a pre- and/or post- interest survey.

I will be given a copy of this informed consent document to keep for my records. I agree to take part in this study.

Subject’s Printed Name: _______________________________________

Subject’s Signature: _______________________________________

Date: (must be dated by the subject) ______________________________

Parent’s printed name: _______________________________________

Parent’s signature: _______________________________________

Date: _________________________________________________________