

Parent or Legal Guardian Consent Information Form

Principal Investigator: Dr. Maura McLaughlin, Department: Physics, Protocol Number: 1504666275
Co-Investigator(s): John Stewart, Kathryn Williamson, and Sue Ann Heatherly

Study Title: Collaborative Research: Developing STEM self-efficacy and science identities through authentic astrophysics research in online and face-to-face environments (STEM-ID)

Contact Persons: In the event you have any questions about this research, you should contact Dr. John Stewart at jcstewart1@mail.wvu.edu. For information regarding your rights as a research subject, to discuss problems, concerns, or suggestions related to the research, to obtain information or offer input about the research, contact the Office of Research Integrity & Compliance at (304) 293-7073.

Introduction: As part of the Pulsar Search Collaboratory (PSC) your child will be enrolled in a student of out-of-class science experiences research study which has been explained to you by the PSC club leader.

Purpose: This study seeks to understand the effect of the Pulsar Search Collaboratory (PSC) on students' science career decision making and how those effects change with time. It also seeks to understand how PSC programmatic elements, both online and in the club setting, affect students' interest in science and their desired to continue in the club. This information will help improve the PSC experience. Results of general interest will be shared with the academic community. This study is being conducted by Drs. Maura McLaughlin and John Stewart of the West Virginia University Physics and Astronomy Department and Drs. Sue Ann Heatherly and Kathryn Williamson at the National Radio Astronomy Organization Green Bank Telescope.

Description of Procedures: By printing your name and signing the form on the next page, you consent to allow information collected by surveys given in the PSC clubs and information collected about your child's use of the PSC website to be used for this research. Your child does not have to answer all the questions on the surveys if he or she does not want to. You also consent allow your child to receive once yearly follow-up emails and short online surveys about his or her current career choice and attitudes about science after leaving the PSC through the sophomore year of college. You also acknowledge that you understand that all communication within the PSC web portal is considered public communication.

Discomforts: There are no known risks associated with participating in this study. **Alternatives:** You do not have to participate in this study. **Benefits:** The knowledge gained from this study may eventually benefit others. **Financial Considerations:** There are no fees associated with or compensation for this research.

Confidentiality: Any information about your child that is obtained as a result of your participation in this research will be kept confidential. Once the complete dataset is collected, your child will be assigned an id number, and all personal identifying information will be removed from the dataset. All web information will be stored under this id. Only Dr. Stewart will be able to access to the id and your personal identifying information.

Voluntary Participation: Participation in this study is voluntary. You are free to withdraw your consent for your child to participate in this study at any time. Your child is free to remove his or her consent to participate at any time. Refusal to participate will involve no penalty to your child. Refusal to participate or withdrawal from the study will not affect your child's grades or eligibility to participate in athletics.

You have been given the opportunity to ask questions about the research, and you have received answers concerning areas you did not understand.

Upon signing this form, you agree to allow your child to participate in this study: **Collaborative Research: Developing STEM self-efficacy and science identities through authentic astrophysics research in online and face-to-face environments (STEM-ID).**

Signatures

Signature of Person Conducting Consent Discussion

Printed Name

Date

Time

Statement of Parent or Guardian

My child appears to understand the research to the best of his or her ability and had agreed to participate.

Signature of Parent or Guardian

Printed Name

Date

Time

Upon signing this form, you will receive a copy.