

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: Your child has been asked to participate in the above study which is explained in the attached cover letter and has been explained to them by their teacher.

Purpose: As part of the evaluation of the Pulsar Search Collaboratory school club, your child's class will be given two surveys about their thinking about science and science careers. 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 the surveys to be used for this research. You must also circle YES on the next page to consent to the research. If the form is not returned, or if YES is not circled, your child will not be given the surveys. If this form is returned with either Yes or No circled, your child will receive some extra credit points from their teacher.

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. 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 AND SELECTING YES, 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).

My Child May Participate in this Study – (Circle One) Yes No

Signatures

Signature of Person Conducting Consent Discussion

Printed Name	Date	Time
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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
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Upon signing this form, you will receive a copy.

Statement of Participant

Phone: 304-293-7073	Chestnut Ridge Research Building
Fax: 304-293-3098	886 Chestnut Ridge Road
http://oric.research.wvu.edu	PO Box 6845
	Morgantown, WV 26506-6845

I willingly consent to participate in this research.

Signature of Participant

Printed Name	Date	Time
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The parent or guardian has had the opportunity to have questions addressed. The parent or guardian willingly agrees to allow his or her child to be in the study.

Signature of Investigator or Co-Investigator

Printed Name	Date	Time
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