

## **Research Study Consent Form**

**Study Title:** Exposing Engineering: The Role of Science Self-Efficacy

**Researcher:** Kira Carbonneau

You are being asked to give your consent to allow your son or daughter to participate in a research study carried out by Kira Carbonneau at Washington State University. This form explains the research study and your son/daughter role should you decide to allow him/her to join the study. Please read the form carefully, taking as much time as you need. You can decide not to allow your son/daughter to join the study with no consequences. If you allow him/her to join the study, you can change your mind later. There will be no penalty or loss of services or benefits if you decide to not to allow your son/daughter to take part in the study or quit later. This study has been approved for human subject participation by the Washington State University Institutional Review Board.

### **What is this study about?**

This research study is being done to learn about how middle school students think about themselves in relation to science content.

Your son/daughter is being asked to take part because they are participating in a science activity at Washington State University.

Taking part in the study will take about 10 minutes of your child's time when they are on campus.

### **What will my child be asked to do if he/she is in this study?**

If you allow your son/daughter to take part in the study, he/she will be asked to

- Respond to 10 statements by circling how much he/she agrees or disagrees with the statements. He/She does not have to answer all statements.
- Participate in the days activities and then complete the same form at the end of the day.

### **Are there any benefits to my child participating in this study?**

There is no direct benefit to your child from being in this study. However it might help the researchers learn about what middle school students think they can do in science. Which may have broader implications for science classroom practices.

### **Are there any risks to me if I am in this study?**

The potential risks from taking part in this study may include boredom or becoming tired while answering some questions. It is important to know that your son/daughter may

stop answering the statements whenever they choose.

### **Will my child's information be kept private?**

The data for this study are being collected anonymously. Neither the researcher(s) nor anyone else will be able to link data to your child. All responses will be dropped into a box to keep all responses anonymous.

The results of this study may be published or presented at professional meetings, but the identities of all research participants will remain anonymous

The data for this study will be kept for 3 years.

### **Are there any costs or payments for being in this study?**

There will be no costs to you or your child for taking part in this study and there is no compensation for taking part in this study.

### **Who can I talk to if I have questions?**

If you have questions about this study or the information in this form, please contact the researcher:

Kira Carbonneau

509-335-2324

kira.carbonneau@wsu.edu

If you have questions about your rights as a research participant, or would like to report a concern or complaint about this study, please contact the Washington State University Institutional Review Board at (509) 335-3668, or e-mail [irb@wsu.edu](mailto:irb@wsu.edu), or regular mail at: Albrook 205, PO Box 643005, Pullman, WA 99164-3005.

### **What are my rights as a research study volunteer?**

Your child's participation in this research study is completely voluntary. You may choose not to allow your son/daughter to be a part of this study. There will be no penalty to your child if you choose not to allow them to take part. Your child may choose not to answer specific questions or to stop participating at any time.

### **What does my signature on this consent form mean?**

Your signature on this form means that:

- You understand the information given to you in this form
- You have been able to ask the researcher questions and state any concerns
- The researcher has responded to your questions and concerns
- You believe you understand the research study and the potential benefits and risks that are involved.

**Statement of Consent**

I give my voluntary consent for my child to take part in this study. If requested, I will be given a copy of this consent document for my records.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

**Statement of Person Obtaining Informed Consent**

I have carefully explained to the person taking part in the study what he or she can expect.

I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of participation.

I also certify that he or she:

- Speaks the language used to explain this research
- Reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her
- Does not have any problems that could make it hard to understand what it means to take part in this research.

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Role in the Research Study