



PARENTAL INFORMED CONSENT FORM (IRB # 2005-10-055 EP)

Title: Robotics Intervention Study

You are invited to permit your child to participate in this research study. The following information is provided in order to help you to make an informed decision whether or not to allow your child to participate. If you have any questions please do not hesitate to ask. Your child is eligible to participate in this study because your child is in the ages of 7-18. Your child will also be asked if he/she is willing to participate. This study will take place at your child's camp, club, robotics team or afterschool program. The purpose of this study is to investigate the effectiveness of robotics as a tool to help students learn about science, technology, engineering and math.

This intervention will take approximately 200 hours of your child's time over two years. The evaluation tasks (pre/post test and survey) will take approximately 2 hours of your child's time. Your child will be asked to complete a multiple-choice assessment and an attitudinal questionnaire, and a workforce readiness survey. The assessment will attempt to measure their current knowledge of concepts to be covered during the robotics program. The questionnaire is designed to measure your child's attitude towards science. The workforce readiness survey is to examine teamwork and information skills learned in the activities. Next, your child will complete the on-line activities as they learn about robotics. Once the robotics program is complete your child will be asked to complete a multiple-choice assessment, attitudinal questionnaire, and a workforce readiness survey. Finally, your child will be asked to complete a content survey of 14 questions about how they liked or disliked the robots curriculum. In addition, each fall for five years your child will be asked to complete a survey on the classes they take in school.

Information will be compiled as a whole. Your child may be video taped during the robotics program as a way to observe and study their thought process as they build and program the robotics. These videotapes, including the identity of all participants, will be kept strictly confidential. Only the project evaluators will have access to the videotapes. Once the videotapes have been viewed and analyzed, they will be erased.

There are no known risks associated with this research.

As a result of participation in this research, it is possible that your child may learn concepts in science, technology, engineering and math. The information obtained from this study may help us to better understand the use of robotics as an educational tool.

_____ Parent's Initials (or Page 1 of 2)





Any information obtained during this study which could identify your child will be kept strictly confidential. The files will be kept in a locked file in the investigator's office for 3 years and then will be destroyed. The information obtained in this study may be published in scientific journals or presented at scientific meetings, but your child's identity will be kept strictly confidential.

Your child's rights as a research subject have been explained to you. If you have any additional questions about the study, please contact me at (402) 472-9008. If you have any questions about your child's rights as a research participant that have not been answered by the investigator or to report any concerns about the study, you may contact the University of Nebraska-Lincoln Institutional Review Board (UNL IRB), telephone (402) 472-6965. You are free to decide not to enroll your child in this study or to withdraw your child at any time without adversely affecting their or your relationship with the investigator or the University of Nebraska-Lincoln. Your decision will not result in any loss of benefits to which your child is otherwise entitled.

**DOCUMENTATION OF INFORMED CONSENT
YOU ARE VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO
ALLOW YOUR CHILD TO PARTICIPATE IN THE RESEARCH STUDY.
YOUR SIGNATURE CERTIFIES THAT YOU HAVE DECIDED TO ALLOW
YOUR CHILD TO PARTICIPATE HAVING READ AND UNDERSTOOD THE
INFORMATION PRESENTED. YOU WILL BE GIVEN A COPY OF THIS
CONSENT FORM TO KEEP.**

Child's Name

Signature of Parent

Date

**IN MY JUDGEMENT THE PARENT/LEGAL GUARDIAN IS VOLUNTARILY
AND KNOWINGLY GIVING INFORMED CONSENT AND POSSESSES THE
LEGAL CAPACITY TO GIVE INFORMED CONSENT TO PARTICIPATE IN
THIS RESEARCH STUDY.**

Bradley S Barker

10/31/07

Signature of Investigator

Date

**IDENTIFICATION OF INVESTIGATORS
PRIMARY INVESTIGATOR**

Bradley S. Barker, PhD Office: (402) 472-9008

