

PARENTAL/GUARDIAN LETTER OF PERMISSION FOR MINORS

Dear parent or guardian:

I am a researcher in the Department of Philosophy in the College of Arts and Sciences at Illinois State University. I am conducting a research study to examine the pedagogical value of The Mind Project's online curriculum modules. The Mind Project has created virtual labs to introduce middle school and high school teachers and their students to recent scientific developments contributing to medical research, therapy, and technology.

I am requesting your child's participation, which will require your child to log onto the Mind Project website (<http://www.mind.ilstu.edu>) and engage in either one of our online modules or a text based activity and then complete online surveys about his/her experience. Engagement in the virtual labs, may take 2-3 hours, and the online surveys may take 30 minutes. Some demographic information will also be requested (e.g., gender, ethnicity, grade level, parent/guardian educational background).

Your child's participation in this study is voluntary. If you choose not to have your child participate or to withdraw your child from the study at any time, there will be no penalty of any kind. If you choose not to have your child participate in the study, your child may still complete the online module in the computer lab with his/her classmates, and when the students who are participating in the study are taking an online survey, the teacher will provide your child with another educational activity. If your child participates, the results of the research study may be published, but your child's name will not be used. I will take all precautions to maintain your child's confidentiality.

Opportunities to Question: If you have concerns about participation or have other questions about this project or wish to be informed when a report of results is available, please contact: Dr. David L Anderson, dlanders@ilstu.edu (309-438-7175)

Questions regarding your child's rights as a research participant or research-related injuries may be directed to the Institutional Review Board Representative at Illinois State University:
Asst. Director of Research, Susan Spence, Email: sspenc2@ilstu.edu; Phone: 309-438-2520

I give consent for my child to participate in the above study.

Child's Name Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Researcher

Date