

**Only Minimal Risk
Parental or Guardian Consent (Without HIPAA)**

Principal Investigator Dr. Alice Morgan
Department Science Adventure School
Protocol Number 1906593622
Study Title **WV Science Adventure School**
Co-Investigator(s) Dr. Dave Smaldone
Sponsor (if any) **N/A**

Contact Persons

If you have any questions, concerns, or complaints about this research, you can contact Dr. Alice Morgan at alice.morgan@mail.wvu.edu.

For information regarding your child's 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 and Compliance (304) 293-7073.

In addition if you would like to discuss problems, concerns, have suggestions related to research, or would like to offer input about the research, contact the Office of Research Integrity and Compliance at 304-293-7073.

Introduction

Your child, _____, has been asked to participate in this research study, which has been explained to you and your child by an authorized member of the research team. This study is being conducted by Dr. Alice Morgan and Dr. Dave Smaldone in the departments of Science Adventure School and the Recreation, Parks & Tourism Program at West Virginia University.

Purpose(s) of the Study

The purpose of this project is to use outdoor science and adventure based activities to increase learning and growth for students in West Virginia related to science education and interpersonal development.

Description of Procedures

Your child will be asked to fill out a short questionnaire before participating, and again after participating. The questions are about science knowledge and interest and interpersonal development. The questionnaires ask the same questions to see if the outdoor and adventure activities impacted their knowledge and interests. It will take approximately 10 minutes to complete each questionnaire. Your child does not have to answer all the questions. Upon request, you will have the opportunity to see the questionnaire before signing this consent form. Your child may also be asked to interview with the researcher about their experiences at the camp, specifically their thoughts on science and their interpersonal development. Your child does not have to answer all the researcher's questions and can end the interview whenever they like.

The study will be performed at Science Adventure School. Approximately 1,008 students (total over 10 weeks) are expected to participate in this study.

Risks and Discomforts

There are no known or expected risks to your child from participating in this study, except potentially mild frustration associated with answering the questions.

Alternatives

Your child does not have to participate in this study.

Benefits

Your child may not receive any direct benefit from this study (filling out the questionnaires and interviews). The knowledge gained from this study will be used to improve the experience for other students in the future.

Financial Considerations

No payments will be made for participating in the study.

Confidentiality

We will collect identifying information including your child's name, WVEIS number, and birth date, which will be used in future studies to assess long-term program outcomes related to school attendance, graduation, and enrollment in STEM classes, completion in STEM classes and proficiency in STEM classes. Any information about your child that is obtained as a result of their participation in this research will be kept as confidential as legally possible and will only be viewed by research personnel.

In any publications that result from this research, neither your child's name nor any information from which your child might be identified will be published without your consent.

Voluntary Participation

Refusal to participate or withdrawal will not affect your child in any way and will involve no penalty to you.

Signatures

Upon signing this consent, you may receive a copy upon request.

I willing consent to allow my child to participate in this research.

Signature of Parent or Guardian

Printed Name

Date

Time

Signature of Investigator or Co-Investigator

Printed Name

Date

Time
