

Assent Form

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 rights as a person in research or to talk about the research, call the Office of Research Integrity & Compliance at (304) 293-7073.

Introduction

You, _____, have been asked to participate in this research study, which has been explained to you by a member of the research team.

Purpose of the Study

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

Description of Procedures

You will be attending the outdoor adventure experiences at the Summit Boy Scout Camp with your teacher and class. You will be asked to answer some questions before and again after participating. It will take about 20 minutes for you to answer the questions each time. You may see the questions before signing this page. You do not have to answer all of the questions.

Discomforts

None

Benefits

This study may not help you, but what we learn from the study may help make this outdoor adventure experience even better for other students.

Confidentiality

We promise that anything we learn about you in this study will be kept as secret as possible.

Voluntary Participation

You do not have to do this. No one will be mad at you if you refuse to do this or if you decide to stop. You have been allowed to ask questions about the research, and all of your questions were answered.

I willingly agree to be in this research.

Signatures

Signature of Subject

Printed Name

Date

Time

The minor has had the opportunity to have questions addressed. The minor willingly agrees to be in the study.

Signature of Investigator or Co-Investigator

Printed Name

Date

Time
