INDIANA UNIVERSITY INFORMED ASSENT STATEMENT

Foundations in Science and Mathematics
For Students Under 18

You are invited to participate in a research study of student performance in short math and science programs. You were selected as a possible subject because you are a participant in the Foundations in Science and Math summer program. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by Adam Maltese at Indiana University

STUDY PURPOSE

The purpose of this study is to help educators understand what activities are helpful to students as they prepare for high school STEM courses.

NUMBER OF PEOPLE TAKING PART IN THE STUDY:

If you agree to participate, you will be one of up to 1000 subjects who will be participating in this research.

PROCEDURES FOR THE STUDY:

If you agree to be in the study, you will do the following things:

1. Allow the researchers access to your work from the summer program so that it can be analyzed and used in research.
2. Allow the researchers to ask you to self-report your school GPA.
3. Allow the researchers to ask you to complete the pre- and post- interest survey.

RISKS OF TAKING PART IN THE STUDY:

While on the study, the risks are:

- Loss of Confidentiality: Every precaution will be taken to remove identifying information from all data taken for this study, but absolute assurance of confidentiality cannot be given.

BENEFITS OF TAKING PART IN THE STUDY:

The benefits to participation that are reasonable to expect are aiding overall education in STEM.

ALTERNATIVES TO TAKING PART IN THE STUDY:

Instead of being in the study, you have these options:

You may choose not to have data pertaining to your performance or changes of interest in STEM in the program to be used for education research purposes. This will not affect your standing in the program and you will be able to continue to participate in classroom activities in exactly the same fashion as those students who wish to participate in the education research.
CONFIDENTIALITY

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity will be held in confidence in reports in which the study may be published and databases in which results may be stored. After the research team completes analysis of the data and publish results, we will destroy all records of student performance. Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the IUB Institutional Review Board or its designees, the study sponsor, and (as allowed by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP), who may need to access your research records.

COSTS

There is no additional financial cost to participate in education research. The $25 that was paid to be part of the summer program is not related to the costs associated with the education research.

PAYMENT

You will not receive payment for taking part in this study.

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study or a research-related injury, contact co-investigator Riddhi Sood at soodr@indiana.edu.

For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Human Subjects office 812-856-4242, or by email at irb@iu.edu

VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with the investigator(s).

SUBJECT’S ASSENT

In consideration of all of the above, I give my assent to participate in this research study.

I will be given a copy of this informed assent document to keep for my records. I agree to take part in this study.

Signature of Subject:

Subject’s Printed Name:

Date: (must be dated by the subject)

Printed Name of Person Obtaining Assent:

Signature of Person Obtaining Assent:

Date: