

RESEARCH SUBJECT INFORMATION AND PERMISSION FORM

TITLE: An investigation of the effect of a science, technology, engineering, and mathematics (STEM) exploration program on female middle school students' perceptions of STEM.

If any information contained in this consent form is not clear, please ask the study staff to explain any information that you do not fully understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.

PURPOSE OF THE STUDY

Please note that this study, while being conducted at the Appomattox Regional Governor's School for the Arts and Technology (ARGS), is not officially sponsored by ARGS. This study is an independent project of the researchers named in this document.

The purpose of this research study is to investigate and document the effects of a STEM exploration program on female middle school student perceptions of their STEM self-efficacy and interest in STEM. Student attitudes toward STEM will be measured before and after the STEMWeek4Girls@ARGS program.

Your child is being asked to participate in this study because she has registered to attend the STEMWeek4Girls@ARGS event on June 26 through June 29, 2017. The event will take place at the Appomattox Regional Governor's School for the Arts and Technology (ARGS).

DESCRIPTION OF THE STUDY AND YOUR CHILD'S INVOLVEMENT

If you decide to allow your child to be in this research study, you will be asked to sign this permission form after you have had all your questions answered and understand what will happen to your child.

In this study, your child will first be asked to complete an online demographic survey collecting age, ethnicity, school district, and their grade level for the 2017-2018 school year and a brief self-efficacy and interest survey that is designed to measure your child's attitudes toward and interest in STEM. Your child will then be asked to attend one focus group with the other participants at the end of the program. The focus group will last at most one hour and will take place during the last hour of the program. At the focus group, your child will be asked to talk about her attitude toward and interest in STEM before, during, and after the program. Examples of the types of questions that will be asked include:

- How has your confidence in your ability to become an engineer been affected by the STEMWeek4Girls?
- What do you think were some of the best and worst parts of the STEMWeek4Girls?

The focus group will be digitally recorded so we are sure to get all of your child's ideas, but no names will be recorded.

Significant new findings developed during the course of the research which may relate to your child's willingness to continue participation will be provided to you.

RISKS AND DISCOMFORTS

Minimal risk and discomfort are anticipated in this study.

BENEFITS TO YOU AND OTHERS

Your child may not get any direct benefit from this study, but the information we learn from this study may help us design better STEM programs for students and schools.

COSTS

There are no costs for participating in this study other than the time your child will spend in the STEMWeek4Girls@ARGS.

CONFIDENTIALITY

Potentially identifiable information about your child will consist of focus group notes and audio recordings of the focus group. Data is being collected only for research purposes.

The focus group will be audio taped, but no names will be recorded. At the beginning of the focus group, your child will be asked to use initials only so that no names are recorded. All personal identifying information will be kept in password protected files and these files will be deleted after the focus group has been completed. Digital recordings of the focus group will be immediately uploaded to a secure site, at which point, the discussion will be transcribed. The digital recordings will be destroyed after transcription. The transcriptions will be kept indefinitely. Access to all data will be limited to study personnel.

We will not tell anyone the answers your child gives us; however, information from the study and the permission form signed by you may be looked at or copied for research or legal purposes.

What we find from this study may be presented at meetings or published in papers, but your child's name will never be used in these presentations or papers.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

Your child does not have to participate in this study. If you choose to allow your child to participate, you may stop at any time without any penalty. Your child may also choose not to answer particular questions that are asked in the study.

Your child's participation in this study may be stopped at any time by the study staff without your consent. The reasons might include:

- the study staff thinks it necessary for your child's health or safety;
- your child has not followed study instructions;
- administrative reasons require your child's withdrawal.

QUESTIONS

If you have any questions, complaints, or concerns about your child's participation in this research, contact:

Anita Crowder
Mathematics and Technology Instructor
Appomattox Regional Governor's School for the Arts and
Technology
acrowder@args.us
804.722-0200

The researcher/study staff named above is the best person(s) to call for questions about your child's participation in this study.

If you have any general questions about your child's rights as a participant in this or any other research, you may contact:

Patricia Fox, Ph.D.
Research Specialist
Chesterfield County Public Schools
patricia_fox@ccpsnet.net
804.639-8716

Contact this number to ask general questions, to obtain information or offer input, and to express concerns or complaints about research. You may also call this number if you cannot reach the research team or if you wish to talk with someone else.

PERMISSION

I have been given the chance to read this permission form. I understand the information about this study. Questions that I wanted to ask about the study have been answered. My signature says that I am willing for my child to participate in this study. I will receive a copy of the permission form once I have agreed to allow my child to participate.

Name of Child (Printed)

Name of Parent or Legal Guardian (Printed)

Parent or Legal Guardian Signature

Date

Principal Investigator Signature (if different from above)

Date