



STUDENT PARTICIPANT INFORMED CONSENT FORM

Please read this document carefully before you decide if you want your child to participate in this research study. **Your child's participation is voluntary, and you can decline to participate, or withdraw consent at any time, with no consequences.**

Study Title:

Examining the Impacts of the Scientist in Every Florida School Moonshot (SEFS) Initiative

Person(s) conducting the research:

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Purpose of the research study:

We are inviting your child to participate in a study that will examine whether and how interacting with a Florida scientist helps students understand science. We have the support of the School administrators who are enthusiastic about the potential of the Scientist in Every Florida School project. We will be happy to share your child’s learning data with you.

What you will be asked to do in the study:

Your child will participate in the Scientist in Every Florida School program, which invites Florida scientists to visit K-12 classrooms and co-teach a lesson with the school’s teacher. We are asking for your permission to ask your child about how s/he views science and for your child’s teacher to share with us data on your student learning of that particular science topic. Your child’s name or scores will NEVER be revealed in any internal or external reports, presentations, or publications.

Time required:

Your child will complete a short survey before and after they meet with a scientist for about 10 minutes each time. We might also ask your child a few questions in the interview format (depending on their survey responses). If you child is invited for such an interview, it will only take about 10 minutes of their time. Declining participation in the survey and/or the interview will not impact your child’s participation the Scientist in Every Florida School program.

Risks and benefits:

There are no risks or discomforts anticipated.

There are no direct benefits of participation for you. We hope our research will help us better understand the effects of teacher-scientist partnerships and scientist visits to schools.

Confidentiality:

Your child’s name and other identifying information will never be released in any internal or external report of the study. Each child will be assigned a unique ID and the password-protected spreadsheet linking names and study IDs will be stored on principal investigator’s password-protected computer at the University of Florida. The list linking names and study records will be discarded at the end of the study.

Compensation:

No compensation for participation is provided.

May the researcher(s) benefit from the research?



We may benefit professionally if the results of the study are presented at meetings or in scientific journals.

Withdrawal from the study:

You and your child are free to withdraw consent and to stop participating in this study at any time without consequence. If you or your child withdraws, their data will be discarded. The researchers can also withdraw participants from the study if the child is unable or unwilling to follow directions and participate in the program.

If you wish to discuss the information above, please contact one of the research team members listed at the top of this form.

If you have any questions regarding your child’s rights as a research subject, please contact the Institutional Review Board (IRB02) office (352-392-0433 or irb2@ufl.edu.)

Agreement:

I have read the procedure described above. I voluntarily agree to allow my child to participate in the procedure and I have received a copy of this description.

Child’s Name

Parent Name

Parent Signature

Date

Name of Person obtaining informed consent

Signature of Person obtaining informed consent

Date