

Child's Informed Consent Form

My name is Mr. Nevill. I am a school psychologist and work in your school a few days a week. I am also a student and need to complete a research study as homework. I would like you to help me with a research study. I am going to tell you about my research study so you can decide if you want to help me or not help me with this study. It is OK for you to ask me questions about the study. My telephone number and e-mail address is listed at the bottom of this page. If you have questions and would like to discuss them with someone else, you can speak to Mrs. XXXX or Mrs. XXXX in the main office. They will be able to answer your questions. I would like you to help me because you are a student in the fourth/fifth/sixth grade at XXXX Elementary School.

I would like to know what students like you think about reading. I will also ask one of your teachers to answer some questions about how you behave in ways that help you learn. An example teacher question might look like this: "Plans ahead for school assignments?" Helping me with this study will take about 15-20 minutes of your time. You will not miss any important class time. If you would like to help me, one of your teachers will read some questions to you and other children in your class who agree to help. When you receive the answer sheet called a questionnaire, it will have a small card attached with your name on it. When you finish answering the questions read by your teacher, you will be asked to remove the card with your name. Only a number will be left on the questionnaire, so nobody, not even me, will know how you answered. It will work the same way for the teachers. Nothing in this study will be graded.

Nobody will be rude or trick you in any way. You will be asked to listen to a teacher read some questions about reading, decide if you agree or disagree, then circle your answer. An example question might look like this: "I think reading is fun" Some of the questions may be harder to answer.

Your parent(s) know about this and agree that it is okay for you to help me if you want to. You may find the activity fun. You will receive a McDonald's coupon as a thank-you. The things I will learn from this study will help me and others learn more about reading.

No one is making you help me, and you don't have to if you don't want to. If you don't want to help me with the study nothing bad will happen to you. No one will be mad at you. If you decide later that you don't want to be part of my research study, you or your parent/guardian can tell me that by calling, emailing, or writing to me, and I will put all of the answer sheets in the garbage and not include you in my study. If you do want to be in my study, nobody will know your answers, including me. I am asking all of the fourth, fifth and sixth graders in your school to help me, so the information from you and your teacher will just be a little part of the big research study. When I finish my research study, I might talk about what I learned with other people, or write it down so other people can read it, but I will always talk about groups of kids, never about you.

If you would like to help me in my study, please print and sign your name on the top of the yellow signature page. If you do not want to participate please sign at the bottom of the yellow signature page and return. Please keep the white copy of this form for your records.

Lead Researcher:

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This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724/357-7730).

CHILD VOLUNTARY CONSENT FORM: SIGNATURE PAGE

(PLEASE RETURN THIS FORM WITH THE PARENT CONSENT FORM)

I understand the information on the form and agree to participate in this study. I understand that no one will know my individual answers. I have the right to change my mind and not participate at any time. I have an unsigned copy (yellow copy) of this informed Consent Form to keep.

Child's Name (PLEASE PRINT)

Child's Signature

Parent/Guardian Signature

Date

I do not want to participate in this study.

Child's Name (PLEASE PRINT)

Child's Signature (PLEASE PRINT)

Parent/Guardian Signature

Date
