

Consent form for Pre/Post University Educators Survey

CONSENT FORM FOR THE “Partnerships for Informal Science Education in the Community: University Educators” Project

Please read the following material that explains this research study. We want you to understand what you are being asked to do and what risks and benefits—if any—are associated with the study. This should help you decide whether or not you want to participate in the study.

You are invited to participate in a research project to improve the learning and appreciation of science with the use of technology in informal science education activities. This project is conducted under the direction of Dr. Noah Finkelstein (303/ 735-6082) and Dr. Laurel Mayhew (720/ 938-1163) of the Physics Department at the University of Colorado, Boulder, Campus Box 390, Boulder, Colorado 80309.

The purpose of this project is to investigate the benefits to University Educators (UEs) who participate in informal science education activities in the community. Specifically, we are looking for changes in the UEs ability to communicate in everyday language, teaching pedagogy, and attitudes and beliefs about informal science education. We would like to learn about your experiences in these contexts to help us provide a more effective informal science education for both the UEs and the K12 partners.

You are being asked to complete this evaluation to the best of your ability. You can complete this evaluation at your convenience. The entire survey will take about 60 minutes of your time. You might be asked to complete this evaluation again, at the end of term.

Your individual privacy will be maintained in all published and written data resulting from this study. No one except the researchers will have access to your identity. The researchers will score your surveys and record these scores in an excel spreadsheet. Any written or printed out materials with identifiable information will be stored in a locked filing cabinet. The excel spreadsheet will be stored on password protected computers. At the end of the project the materials will be stored for a period of 3 years and then destroyed.

Participation is entirely voluntary, and a decision not to participate or to discontinue participation at any time will in no way affect your participation adversely. The risks to you are minimal since this evaluation can in no way impact course grades. The benefits to you are indirect and uncertain, as information from this research and evaluation will contribute to the ongoing changes being made to the informal science education program.

If you have any questions regarding your rights as a research subject, any concerns regarding this project, or any dissatisfaction with any aspect of this study you may report them, confidentially if you wish, to the Executive Secretary, Human Research Committee, University of Colorado, Graduate School, Campus Box 26, Regent 308, Boulder, Colorado 80309 or by telephone to (303) 492-7401. Copies of the University of Colorado Assurance of Compliance to the federal government regarding human subject research are available upon request from the graduate school at the address listed above. In addition, research personnel will be happy to answer any questions you may have about this evaluation.

Your agreement to participate is indicated by completing and submitting this survey. Your signature is not required on any document.

Sincerely,

Dr. Finkelstein
Phone: (303) 735-6082
noah.finkelstein@colorado.edu
University of Colorado, Campus box 390
Boulder, Colorado 80309-0390

Dr. Mayhew
Phone: (720) 938-1163
laurel.mayhew@colorado.edu
University of Colorado, Campus box 390
Boulder, Colorado 80309-0390

STUDENT'S NAME (print): _____

SIGNATURE: _____ DATE: _____

For HRC Use Only

This consent form is approved for use from _____ to _____.

(Signature) Director, Office of Research Integrity

Consent form for Classroom videotaping

Consent Form for The “Partnerships for Informal Science Education in the Community: University Educators” Project

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We are videotaping the informal science education activity you are participating in. We are requesting your permission to include you in these videotapes. Your presence in the tape might be incidental, or we might use it to judge the reactions of the students to the activity.

The potential risks of participating in this study are minimal. Your participation in this project is strictly voluntary. You have the right to withdraw at any time. **Your individual privacy will be maintained in all published and written data resulting from this study.** Talks, based on this study, will be given to various professional audiences. **For these talks we will insert short video clips, wherever necessary, to illustrate the point at hand.** To reiterate, these clips will only be shown to professional audiences for illustrative purposes. All handwritten notes and tapes will be kept in a locked filing cabinet. Data from this study will be kept for 3 years after project completion and then destroyed.

If you have any questions regarding your rights as a research subject, any concerns regarding this project, or any dissatisfaction with any aspect of this study you may report them, confidentially if you wish, to the Executive Secretary, Human Research Committee, University of Colorado, Graduate School, Campus Box 26, Regent 308, Boulder, Colorado 80309 or by telephone to (303) 492-7401. Copies of the University of Colorado Assurance of Compliance to the federal government regarding human subject research are available upon request from the graduate school at the address listed above. In addition, research personnel will be happy to answer any questions you may have about this evaluation.

If you agree to participate, please sign and date below. A copy of this consent form will be provided to you.

STUDENT’S NAME (print): _____

SIGNATURE: _____ DATE: _____

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<p>This consent form is approved for use from _____ to _____.</p> <p>_____ (Signature) Director, Office of Research Integrity</p>