

UNIVERSITY OF ILLINOIS  
AT URBANA - CHAMPAIGN



**COLLEGE OF LIBERAL ARTS & SCIENCES**

Department of Sociology  
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702 S. Wright St.  
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**Informed Consent**

*Please read this consent agreement carefully. You must be 18 years old or older to participate.*

You are being asked to participate in a voluntary research study. The purpose of this study is to create a unique learning environment that will nurture future computer scientists in industry and the academy. Participating in this study will involve your child attending monthly trainings and weekly meetings about computer science where you will create various projects. Funding for the project is one year. However, we would like to stay in touch with you and your child through middle school, high school, and adulthood. You can stop participating at any time. Risks related to this research include a loss of privacy; benefits related to this research include helping other young people to learn more about computer science from your stories. The alternative to participating in this study is to get involved with other STEM pathways programs offered by the University of Illinois such as those offered by the college of engineering: <https://pathways.engineering.illinois.edu/>.

**Purpose of the research:** Professor Ruby Mendenhall, who is a member of the Departments of Sociology and African American Studies at the University of Illinois, is conducting this research. The purpose of this video recorded interviews are to create a documentary that lets other parents know how they can help their children with computer science activities. Another purpose is to do research analysis about the effects of children participating in computer science activities such as coding and making pictures (data visualizations).

**What you will do in this study:** We will ask you about the life of your child, their interests and special talents. We will ask you if you notice any changes in their future career goals based on participating in our program. This interview portion of the study will take about 15-30 minutes, and it will be videotape recorded and some parts of it will be used for a documentary. If you do not want to be videotaped, we can just use a tape recorder. You do not need to be videotaped or audiotaped to be a part of the study.

The team will review all of the videos and select clips from them that allow us to tell a story about how this program is helpful to families like yours. We will show you the clips that we would like to use from your interview, and you will have the right to exclude any information that you do not want in the documentary.

**Risks:** Some of the identifiable data gathered during the study maybe used in a documentary. Thus, you may lose some privacy when the documentary is aired in public settings. You will have the right to exclude any information that you do not want in the documentary. Also, the surveys and interviews carry a small amount of emotional risk but no physical risk.

**Benefits:** We hope your comments will help policy makers and university administrators create more programs that will help students like your child have access to information and programs about computer science.

**Compensation:** Each family will receive a total of \$400. They will receive \$100 each quarter that they participate in the program. If they start participating in a quarter and do not complete it, they will still receive the \$100.

**Voluntary Withdrawal:** Your participation in this study is completely up to you (voluntary), and you may stop at any time without penalty or consequences. You may also skip questions that you do not want to answer. You do not have to be a part of this study if it makes you uncomfortable. Your decision will not affect your present or future relations with the University of Illinois or any other agencies.

**Confidentiality:** You will have the right to exclude any information that you do not want in the documentary. However, laws and university rules might require us to disclose information about you. For example, if required by laws or University Policy, study information which identifies you and the consent form signed by you may be seen or copied by the following people or groups: a) The university committee and office that reviews and approves research studies, the Institutional Review Board (IRB) and Office for Protection of Research Subjects; and b) University and state auditors, and Departments of the university responsible for oversight of research.

**Mandatory Reporting of Child Abuse:** We will not ask you about child abuse. However, if you tell us that abuse is occurring, we will have to contact the authorities.

**Further information:** If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 217-333-2670 or e-mail OPRS at [irb@illinois.edu](mailto:irb@illinois.edu). You can also contact Ruby Mendenhall at the University of Illinois at Urbana-Champaign at 217-333-2528.

**Agreement:** The purpose of this research has been explained and I am 18 years of age or older. I agree to participate in this study. I agree to be videotaped. I understand that I am free to leave the study at any time without penalty. I understand that I will receive a copy of this form to take with me.

I understand that I will receive a copy of this consent form.

Before you sign the form, I want to make sure I was clear about the study.

Can you tell me what we are asking you to do? \_\_\_\_\_  
Can you tell me what the risks are for this study? \_\_\_\_\_  
Can you tell me what the benefits are for this study? \_\_\_\_\_  
Do you have other questions about any information that may not be clear? \_\_\_\_\_

I give permission for my interview to be video recorded \_\_\_\_\_ YES \_\_\_\_\_ NO

I give permission for my interview to be audio recorded \_\_\_\_\_ YES \_\_\_\_\_ NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

**Additional Consent for Participating in the Documentary:**

I give permission to have pictures and video taken inside and outside of my house ☐ YES ☐ NO

I give permission to have pictures and video taken inside my child(ren)'s room ☐ YES ☐ NO

I give permission to have pictures and video taken of pictures of me and my child(ren) ☐ YES ☐ NO

I give permission to have pictures and video taken of items belonging to me and my child(ren) ☐ YES ☐ NO

**Additional Consent for Future Contact:**

I give permission to be contacted in the future regarding this and other research. ☐ YES ☐ NO

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investigator's Signature

\_\_\_\_\_  
Date