

The Ohio State University Parental Permission For Child's Participation in Research

Study Title: Convergent Learning from Divergent Perspectives

Researcher: Dr. Rachel Louis Kajfez

Sponsor: NSF

This is a parental permission form for research participation. It contains important information about this study and what to expect if you permit your child to participate. **Your child's participation is voluntary.** Please consider the information carefully. Feel free to discuss the study with your friends and family and to ask questions before making your decision whether or not to permit your child to participate. If you permit your child to participate, you will be asked to sign and return this form when your child arrives at the event.

Purpose: This project aims to bring together researchers from divergent perspectives and disciplines to develop and study informal learning. This program is also directly connected with Center of Science and Industry (COSI).

Procedures/Tasks: This study includes completing two online surveys about their experience at the event. One will be on-site and one will be emailed to your child 2-3 months after the event. Each survey will take no more than 10 minutes to complete.

Duration: Your child may leave the study at any time. If you or your child decides to stop participation in the study, there will be no penalty and neither you nor your child will lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with The Ohio State University.

Risks and Benefits: There is minimal risk involved in this research. The benefits will help to determine the effectiveness of the program so enhancements can be made in the future. There are no direct benefits to your child as a participant.

Confidentiality: Efforts will be made to keep your child's study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your child's participation in this study may be disclosed if required by state law. Also, your child's records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Ohio State University Institutional Review Board or Office of Responsible Research Practices;
- The sponsor, if any, or agency (including the Food and Drug Administration for FDA-regulated research) supporting the study.

Will my child's de-identified information be used or shared for future research? No

Incentives: There are no incentives associated with this research.

Parental Permission – Convergent Learning from Divergent Perspectives

Participant Rights: You or your child may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you or your child is a student or employee at Ohio State, your decision will not affect your grades or employment status.

If you and your child choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights your child may have as a participant in this study.

An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of research participants.

Contacts and Questions: For questions, concerns, or complaints about the study, or you feel your child has been harmed as a result of study participation, you may contact Dr. Rachel Louis Kajfez, Kajfez.2@osu.edu.

For questions about your child's rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the Office of Responsible Research Practices at 1-800-678-6251.

Signing the Parental Permission Form: I have read (or someone has read to me) this form and I am aware that I am being asked to provide permission for my child to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to permit my child to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form.

Printed name of subject

Printed name of person authorized to provide permission for subject

Signature of person authorized to provide permission for subject

Relationship to the subject

Date and time

AM/PM

Investigator/Research Staff [Will be Completed by a Member of the Research Team When the Form is Returned at the Start of the Event]: I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

Printed name of person obtaining consent

Signature of person obtaining consent

Date and time

AM/PM