

## Appendix 2 – Consent Form: Science and Information Literacy Survey

You are invited to participate in a study assessing approaches for teaching science/media literacy to college students. We hope to learn whether certain classroom techniques improve the perceived and/or actual science/media literacy of students in a non-majors course. You were selected as a possible participant in this study because of your enrollment in COURSE X at INSTITUTION Y.

If you decide to participate, you will take a brief survey before and after completing a required project in COURSE X to assess your perception of your science/media literacy and/or your actual literacy in these areas. Each of the two surveys will take approximately 10-15 minutes to complete. The surveys will not ask you for any personal information besides number of previous college science courses and year in school; names will not be collected and your decision in regards to participation will not influence your grade in any way. Your participation in the study will be limited to these two surveys; we will not follow up with you after the surveys are completed. By participating in this study, you may gain an opportunity to reflect on your learning in this course.

Any information obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. In any written reports or publications, no one will be identified or identifiable and only group data will be presented; the only people who will be able to see your survey responses are the researchers, Dr. A and B. This consent form, with your signature, will be stored separately from the data collected so that your responses will not be identifiable, and the data will not be viewed or analyzed until after Dr. A has submitted the grades for this class. There are no foreseeable risks associated with participating in this study.

Participation in this study is voluntary, and your decision whether or not to participate will not affect your future relations with this course or IN in any way. If you decide to participate, you are free to discontinue participation at any time without affecting such relationships.

If you have any questions, please ask us. If you have any additional questions later, we will be happy to answer them. Contact Dr. A at *phone number* or *email*, or Dr. B at *phone number* or *email*. You will be offered a copy of this form to keep.

You are making a decision whether or not to participate. Your signature indicates that you are at least 18 years of age, have read the information provided above, and have decided to participate. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

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*Signature of Participant*

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Date

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*Signature of Investigator*

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Date