

CONSENT TO ACT AS A PARTICIPANT IN A RESEARCH STUDY
TITLE: ELEMENTARY SCHOOL STEM FAMILY NIGHT

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CONSENT FORM:

Consent Form

1. Description

This study is being undertaken to evaluate and study the effectiveness of learning integrated STEM concepts through hands-on experiments in a safe environment. The study will last the duration of the STEM Family night – 3 hours. To measure effectiveness, this study will use Pre and Post Surveys as well as an online survey.

2. Risks and Benefits

There are no risks associated with this study.

3. Right to Withdraw

I understand that I am/my child is free to refuse to participate in this study or withdraw at any time. If he/she refuses to participate, this will not impact his/her attendance at Family STEM Night. All students are invited to attend with or without completion of the surveys.

4. Confidentiality/Right to Privacy

I understand that any information about me obtained from this research, including my answers to questionnaires, will be kept confidential. It has been explained to me that my identity will not be revealed in any description or publication of this research. Therefore, I consent to such publication for scientific and scholarly purposes.

5. Cost and Payment

There are no costs for participation in the STEM Family Night.

6. Compensation for Injury or Illness

I understand that in the event of a physical injury or illness resulting from the research procedure, no monetary compensation will be made, and I hereby release Robert Morris University and the investigator from any and all liability. Medical treatment, which may be necessary in the event of physical injury or illness, will be provided at the participant's expense. I can call the investigator to obtain information about treatment if it is needed.

7. Agreement to Participate

I agree to participate in this study with the terms listed above. Robert Morris University investigator will be happy to answer any and all questions you may have in regards to this study.

8. Voluntary Consent

All of the above has been explained to me and all of my current questions have been answered. I understand that I am encouraged to

ask questions about any aspect of this research during the course of this study and that such future questions will be answered by the researchers listed on the front page of this form.

Any questions which I have about my rights as a research participant will be answered by the Chair of the IRB Office, Dr. Fred Kohun, Robert Morris University (412-397-6228) (kohun@rmu.edu).

By agreeing to this form, I/my child agrees to participate in this research study. A copy of this consent form will be given to me.

I Agree

Student: Have you ever attended an RMU Event?

- Yes
- No

Parent: Have you ever attended an RMU event?

- Yes
- No

Student: What do you feel STEM represents?

Parent: What do you feel STEM represents?

Student Age:

Student:

- Male
- Female

Parent Age:

Parent:

- Male
- Female

Student: What was the main reason for attending Family STEM Night?
Select all that apply

- Family Activity
- Excited to learn about STEM
- Extra Credit
- Chance to visit RMU
- Other

Parent: What was the main reason for attending Family STEM Night?
Select all that apply

- Family Activity
- Excited to learn about STEM
- Extra Credit
- Chance to visit RMU
- Other

How would you rate your knowledge of basic STEM concepts?

	Fluent	Competent	Average	Developing	Poor
Student:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Student: How do you think hands-on experiments add to the learning value?


- Adds Greatly
- Adds Somewhat
- Unsure
- Detracts
- Detracts Greatly

Parent: How do you think hands-on experiments add to the learning value?

- Adds Greatly
- Adds Somewhat

- Unsure
- Detracts
- Detracts Greatly

Family STEM Night PRE-SURVEY

Survey Software Powered by  QuestionPro