CONSENT TO PARTICPATE IN HUMAN RESEARCH PROJECT
Washington and Lee University

Evaluation of The Science of the Brain (READY Afterschool Program)

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You have been asked to allow your child to participate in a research study at Washington and Lee University. The purpose of this study is to examine the effectiveness of the Science of the Brain (READY Afterschool Program) curriculum. There is a focus on children’s attitudes towards science, school, themselves, and aging.

The purpose of this study, in terms of your child’s participation, as well as any expected risks and benefits, must be fully explained to you before you sign this form and give your consent.

Your child will be given a questionnaire at the beginning and end of the READY curriculum consisting of a written section and a computerized section. Your child may become bored or tired when completing these tasks, but are equivalent to what might be experienced during any typical day at school. Participation in this study will aid in the evaluation and improvement of the READY program.

Participation in research is entirely voluntary. You may refuse to allow your child to participate or may withdraw your child from participation at any time without penalty. The investigator may withdraw your child from participation at his/her professional discretion.

If, during the course of this study, significant new information becomes available, which may relate to your willingness to continue to have your child participate, this information will be provided to you by the investigator.

Any information derived from this research project which personally identifies you or your child will not be voluntarily released or disclosed without your separate consent, except as specifically required by law.

If at any time you have questions regarding this research or your child’s participation in it, you should contact the investigator, (insert investigator name and email/phone), or his/her assistants who must answer your questions.

If, at any time, you have questions regarding the conduct of this research, or if you wish to discuss your child’s rights as a research participant, you may contact the chair of the Institutional Review Board for Research with Human Subjects, Bryan Price, at bprice@wlu.edu or 458-8316.

You will be given a copy of this consent form to keep.

I consent for my child, ____________________________, to participate in this study.

___________________________________________________  ______________________
Signature of Parent/Legal Guardian                      Date

___________________________________________________  ______________________
Signature of Investigator                               Date