HANDS-ON SCIENCE TEACHING LAB

Parent/Caregiver Consent and Student Assent Form to Participate in Study

Field trip to California State University East Bay Hayward Campus  Field trip date: _____________________

PLEASE PRINT

Visiting Student Last name: _____________________ First name: __________________ Grade: ______________

Teacher: _____________________ School: _____________________ District: _____________________

Dear Student and Parents/Caregiver,

Your teacher has applied to CSU East Bay for his/her students to visit the Hands-On Science Teaching Lab at the CSU East Bay campus in Hayward. We need your permission to collect information (called “data”) that we will use to help us identify ways to improve the experience for visiting students and improve teacher education programs. Collecting and using the data to help us understand and make improvements is called a “study.”

To help you make a decision about being a participant in this “study,” we have provided responses to a list of Frequently Asked Questions, below.

1. **What is the Hands-On Science Teaching Lab (HOST Lab)?**
   The Hands-On Science Teaching (HOST) Lab experiences are held in an actual laboratory in the science building at CSU East Bay. The lab experiences are fun and engaging, active-learning experiments in chemistry, biology, earth science and physical science. The activities are led by university students studying science and education.

2. **What information or “data” do you need from me?**
   We want to know what you learned about the science activities during your visit. Therefore, prior to your visit, we will give your teacher specific questions to ask you related to what you will be learning during your visit. After your visit, you will be asked similar questions.

   The responses you gave before the visit will be compared to your responses after the visit. It will help us understand what we may need to change to make certain you learn the most during your visit.

   Additionally, there may be video or audio taping of certain science activities during your visit. This enables researchers to examine how the CSU East Bay future teachers present the information and how the visiting students interact with each other during the activities. Some recorded scenes may include you – your image and/or your voice– but you will not be identified by name.

3. **Will this information be used by my teacher for my grade in the class?**
   No. This data is separate from the information your teacher uses to determine your class grade.
4. **Do I have to agree to participate in the study?**
   No. You do not have to agree to participate. You may change your mind at a later date.

5. **Who gets to see my information?**
   Your name, your teacher’s name, and your school will never be disclosed in any documents. The study data will be kept locked in a private office at the university. Only the researchers will have access to the data. Each researcher is carefully trained to protect the identities of study participants. Each will have signed a confidentiality agreement to protect your identity. When the study ends, your name, teacher, and school will be removed from all documents that are locked in the private office.

6. **Whom do I contact if I have more questions?**
   If you have more questions, please feel free to contact Dr. Rachelle DiStefano, Director for the Center for Science Education & Research, who will be leading the study. She may be reached by email at rachelle.distefano@csueastbay.edu or (510) 760-5737 (cell).

   *Students and parents/caregivers, please sign below if you are giving permission for the student to take part in this exciting research project.*

   **FOR THE STUDENT:**
   
   I, __________________________, want to be in this study.

   Student - PRINT your name above

   X __________________________

   Student - SIGN your name above  Date

   **FOR PARENT/CAREGIVER:**

   I, the parent/caregiver of __________________________ have read the “Student and Parent/Caregiver Permission Form to Participate in Study” for the HOST Lab project, and I consent to my child’s participation in the study.

   X __________________________

   Parent/Caregiver - SIGN above  PRINT your name above  Date

   *Parent/Caregivers – if you wish to DECLINE involvement of your student in this study, but wish to let the classroom teacher know that you have read this letter, please sign HERE only:*

   I DECLINE participation of __________________________ in this study.

   PRINT student’s name above

   X __________________________

   Parent/Caregiver - SIGN above  PRINT your name above  Date
HANDS-ON SCIENCE TEACHING LAB

Student Video Release Form

PLEASE PRINT

Visiting Student Last name: _____________________ First name: _____________________ Grade: __________

Teacher: _____________________ School: _____________________ District: _____________________

The study may involve audio or videotaping certain science activities when you visit the HOST Lab. This will enable researchers to examine how the CSU East Bay students present the information and how visiting 6th through 8th graders interact with each other during the activities. Some recorded scenes may include you – your image and/or your voice – but you will not be identified by name. Please indicate your permission by writing your initials next to the uses of your image and/or voice listed below and signing your name at the bottom of the document. These choices are completely up to you.

1. _______ The recorded scenes of me can be studied by the research team for use in the study.

2. _______ The recorded scenes of me can be used for scientific publications.

3. _______ The recorded scenes of me can be shown at scientific conferences or meetings.

4. _______ The recorded scenes of me can be shown in classrooms to students.

5. _______ The recorded scenes of me can be shown in public presentations to non-scientific groups.

6. _______ The recorded scenes of me can be used on television, or the audio portion can be used on radio.

7. _______ The recorded scenes of me can be posted to a web site.

I have read the above descriptions. My initials indicate that I give my consent for the use of the audio and videotapes.

FOR THE STUDENT:

X ________________________________ ____________________

Student - SIGN your name above Date

FOR PARENT/CAREGIVER:

X ________________________________ ____________________

Parent/Caregiver - SIGN above PRINT your name above Date