Parental Consent form

IRB # 051419-1

Title of the Research Study: PAWS University Assessment

Summary
The purpose of this study is to assess components related to programming and participation in the PAWS University (PAWS-U) summer program. Your responses will help assess the PAWS-U program. You might decide to allow your child to participate in the study because your child might learn to more about the process of learning and college. You might decide not to allow your child to participate in the study because it will take time away from participating in the PAWS workshop or the lack of desire to participate in research.

Invitation
You are invited to permit your child to participate in this research study. The following information is provided in order to help you to make an informed decision whether or not to allow your child to participate. If you have any questions, please do not hesitate to ask.

Eligibility
Your child is eligible to participate in this study because your child is enrolled in the PAWS University summer workshops.

Purpose
The purpose of this study is to assess components related to programming and participation in the PAWS University (PAWS-U) summer program.

This study will take approximately 20 minutes of your child's time in total. In order to assess PAWS University workshops, we need to understand how your child learns. We will assess this with the use of a short survey. This information, in turn, will allow us to better design curriculum to best serve children in the summer. A 10 minute survey will be administered by PAWS-U leadership at the start of each workshop week and a 10 minute survey will be administered by PAWS-U leadership at the end of each workshop week. Children participating in more than one workshop over the course of the PAWS-U calendar, will only participate in one beginning-of-week survey and one-end of week survey. Specifically, prior to their first workshop children will complete the pre-workshop survey and after their last workshop, children will complete the post-workshop survey. Children who choose not to participate, or who have participated in previous weeks, will be given art supplies to work quietly while the surveys are administered.

There are no known risks associated with this research.

As a result of participation in this research, it is possible that your child may learn more about how they learn and more about college. The information obtained from this study may help us to better understand the impact of summer workshops and how to bridge educational slides that occur in the summer.

Any information obtained during this study that could identify your child will be kept strictly confidential. The information obtained in this study may be published in scientific journals or presented at scientific meetings, but the data will contain no identifying information.
Your child’s rights as a research subject have been explained to you. If you have any additional questions concerning your child’s rights, you may contact the University of Nebraska at Kearney Institutional Review Board (IRB), telephone 308-865-8843.

You are free to decide not to enroll your child in this study or to withdraw your child at any time without adversely affecting your child’s or your relationship with the investigator or the University of Nebraska. Your decision will not result in any loss of benefits to which your child is otherwise entitled.

**Documentation of Informed Consent**

You are voluntarily making a decision whether or not to allow your child to participate in this research study. Your signature certifies that you have agreed to allow your child to participate having read and understood the information presented. You will be given a copy of this consent form to keep.

____________________________________  ________________________
Signature of Parent                      Date

In my judgment the parent/legal guardian is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this research study.

____________________________________  ________________________
Signature of Investigator                  Date

**Identification of Investigators**
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