

Informed Consent - Parent  
Trustey Family STEM Teaching Fellows

**What is the purpose of this project?**

Your child is invited to participate in a research study about the effect of teacher professional development and training on student outcomes, such as student interest in math and science, identification as math or science people, and changes to learning. This study is being conducted by Dr. Matthew Kloser, Dr. Gina Svarovsky, Mr. Matthew Wilsey, Mr. Patrick Kirkland, and Dr. Jessica Gottlieb, all of the Notre Dame Center for STEM Education. Your child is invited to participate in this study because your child's teacher is participating in a professional development program offered by the Notre Dame Center for STEM Education. This study will assess the effect of that professional development on various student outcomes.

Participation in this study is voluntary. No one on the research team will know if your child does not participate. Not participating will not affect any benefits or services rendered now or in the future by either your child's teacher or the University of Notre Dame.

If you agree to allow your child to participate in this study, your child will be asked to do the following:

1. Your student's teacher is asked to record himself or herself teaching a 20-30 minute lesson in math or science. Students are not the focus of the video, but it is likely that your student's image or voice will be appear in the video. These videos will be recorded every other month during the school year, for a total of four videos. The videos will not be publicly available.

**Are there any risks in this research?**

We don't believe this study will involve any risks for you and your child. If your child does not want to be videotaped, they will still participate in the class, but will be seated off-screen.

**What are the benefits of being in this study?**

There are no direct benefits to your child for participating in this study. However, your child's math or science teacher is participating in a three-year professional development opportunity, which we hope will help him or her to improve as teacher and this data will help us better measure that outcome.

**Compensation for time and effort**

There is no compensation for participating in this study.

**How will we protect your privacy?**

All videos will be stored in a password-protected account housed at the University of Notre Dame. The videos will be kept for the research team and will not be made publicly available.

**If you agree to participate, can you change your mind later?**

Yes. You are free to join the study or not. If you join and later change your mind, you can withdraw from the study at any point, without any penalty. Choosing not to join the study will not affect any services you can get from the University of Notre Dame.

If you have any questions about this study, please contact Dr. Matthew Kloser by phone at (574) 631-4120 or by email at [mkloser@nd.edu](mailto:mkloser@nd.edu). If you have questions about your rights as a research participant, please contact the University of Notre Dame Institutional Review Board (IRB), Office of Research Compliance, ([compliance@nd.edu](mailto:compliance@nd.edu)), phone (574-631-1461).

**Participant Certification:**

I have read this form (or, it has been read to me), and have had a chance to ask questions. My questions have been answered. I know that the data on my child will be kept private.

I give permission for my child to be part of this study based on the box checked below. I know that my child can drop out of the study at any time. I also agree to the use and sharing of my child's information as described above. By signing this, I verify that I am at least 18 years old. I have received a copy of this consent form to keep.

Yes, my child may be videotaped as part of class instruction

OR

No, I do not wish my child to participate in any research activities. I understand that my child will still be required to participate in all class-based activities, but my child will not appear in the picture.

\_\_\_\_\_  
Name of Parent/Guardian (Please print clearly)

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Child's Birth Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed