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Computer Science in Elementary School

Parental Permission

Your child is being asked to participate in a research study. The purpose of the study is to understand how children develop computational thinking skills and to test a new curriculum for computational thinking (an aspect of computer science).

**PROCEDURES:** If you decide to allow your child to participate, we will videotape your child as he or she participates in class activities about computational thinking (computer science). We will also collect his or her written, drawn, and computer work done as part of these activities. In addition, we will collect data through surveys and classroom assessments. Your child may also be invited to participate in an interview about computational thinking. Each classroom activity will be less than 50 minute and there will be a maximum of 20 activities. Approximately 480 students will be recruited for this project over 3 years.  Parental permission is for data collection only. Children who do not wish to be part of the research study (or do not have parental permission) will still be included in the computer science activities. However, no data will be collected from these students and they will not be filmed.

**RISKS:** Your child may become uncomfortable being filmed. If at any time, your child decides that he or she does not wish to continue the participating in the research, he or she may decide to sit at a table not being filmed or ask that the camera be turned off.

**BENEFITS:** There are no direct benefits to participating in this study.

**CONFIDENTIALITY:** In any written publications that come from this data, no identifying details or names will be included. Pseudonyms will be used for all participants. Absolute confidentiality cannot be guaranteed since research documents are not protected from subpoena. Original video data will only be viewed by the research team. Selected edited clips of productive student thought may be shown at professional conferences. Parents may view and approve any video of their children. Video data will be deleted within two years after completion of the project. As with all research projects and interactions with children at UCSB, state law mandates that any knowledge or suspicion of child abuse is reported.

**RIGHT TO REFUSE OR WITHDRAW:**
Your child may refuse to participate and still receive any benefits your child would receive if he/she were not in the study. You may change your mind about being in the study and remove your child after the study has started.

**QUESTIONS:**    If you have any questions about this research project or if you think you may have been injured as a result of your participation, please contact: Diana Franklin(franklin@cs.ucsb.edu) or Danielle Harlow (dharlow@education.ucsb.edu).
If you have any questions regarding your rights and participation as a research  subject, please contact the Human Subjects Committee at (805) 893-3807 orhsc@research.ucsb.edu. Or write to the University of California, Human Subjects Committee, Office of Research, Santa Barbara, CA 93106-2050

PARTICIPATION IN RESEARCH IS VOLUNTARY. YOUR SIGNATURE WILL INDICATE THAT YOU HAVE DECIDED TO ALLOW YOUR CHILD TO PARTICIPATE AS A RESEARCH SUBJECT IN THE STUDY DESCRIBED ABOVE. YOU WILL BE GIVEN A SIGNED AND DATED COPY OF THIS FORM TO KEEP.

Computer Science in Elementary School

Parental Permission

These are the four types of data we are going to collect. If you are giving us permission to collect all, there is no reason to check any boxes. If you would like to opt out of any of these types of data collections, please indicate that below.

Please indicate whether you consent (YES) or do not consent (NO) to each of the following.

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| --- | --- | --- |
| Yes \_\_\_\_ | No \_\_\_\_ | Collecting written and drawn student work |
| Yes \_\_\_\_ | No \_\_\_\_ | Collecting computer work  |
| Yes \_\_\_\_ | No \_\_\_\_ | Video collection to be viewed by researchers |
| Yes \_\_\_\_ | No \_\_\_\_ | Video clips to be shown at conferences |

My child has permission to participate in this project. Any types of data that I do not want collected are indicated above.

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

Signature of Parent or Legal Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_

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