

**APPROVED BY
INTEGREVIEW IRB
AUGUST 8, 2018**

Dear Parent/Guardian,

We are inviting your child to participate in a research study about your child's out-of-school time program to improve student learning in science, technology, engineering, and math (STEM), ("you" refers to you or your child throughout this consent form). This out-of-school time program (Program) is taking part in a citywide initiative (the BoSTEM Initiative) from September 2018 through August 2019. This Initiative is managed by The United Way of Massachusetts Bay and Merrimack Valley (UW), Boston Public Schools (BPS), and Boston After School and Beyond (BASB). Several research organizations will support the BoSTEM Initiative: the National Institute on Out-of-School Time (NIOST), the PEAR Institute (PEAR), and The Evaluation Group (collectively, Research Organizations).

The research is being conducted by Kathy Dowell, PhD and is funded by the U.S. Department of Education.

We are interested in your child's input including surveys about his/her interest in the program and in science and technology. We will match this information with student school data which will provide us with information that will support improved STEM programming through out-of-school time activities.

We will keep all the information confidential, in private offices and protected computers. We will not publish anything that will identify any student as an individual. All the information will be reported by groups (for example all 4th grade girls or all children in this school).

By completing, signing, and returning this consent form, you acknowledge and agree to the following:

1. BASB, Research Organizations, and BPS will have access to the following demographic and academic information about your child (obtained from this Program and/or BPS): program attendance, school attended, race, gender, grade, age/date of birth, English language learner (ELL) status, home zip code, special needs code, discipline record (suspensions, expulsions), standardized test scores, State Assigned Student Identifier (SASID) and Boston Public Schools ID.
2. BPS may share some of the information about your child's academic record with community non-profit staff who help plan and operate the Program. This data will be used for program planning and will not be shared publicly in any way.
3. Students in Grades 6-8 will be asked to fill out a survey called *NIOST Survey on Academic and Youth Outcomes* (SAYO-Y). The SAYO-Y is a brief survey taken at the end of the program which asks students about their program experiences and future plans. Participation in the survey is voluntary and students may stop at any time without penalty. Stopping participation will not affect your child's grade(s), or relationships with teachers or with the school administration. Should you have any questions about this survey, use of these data, or your child's participation, contact Dr. Georgia Hall at (781) 283-2530 or ghall@wellesley.edu, or Nancy L. Marshall at nmarshall@wellesley.edu.
4. Students in Grades 6-8 may be asked to fill out a survey called the Common Instrument survey ("CI"), developed by PEAR. The CI is a brief survey completed twice which assesses student interest in science, technology, engineering, and math. CI results will be used to improve program content and delivery. Participation in the survey is voluntary and students may stop at any time without penalty. BASB, BPS, and Research Organizations will have access to CI data and results. PEAR reserves the right to use all CI data for both research and educational purposes. Should you have any questions regarding CI, contact Jane Aibel at 617-484-0466 extension 204 or jaibel@mclean.harvard.edu.

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VERSION CONTROL

mjc/2-14-18 snb/4-4-18 lnt/5-30-18 jbm/8-8-18

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Confidentiality of Data Collected

All data collected that may identify your child will be kept confidential. In public reporting of research findings, only group data and/or de-identified data will be reported. At no time will a public report identify an individual student in any way. The only exception to confidentiality will be in the case of any information disclosed that indicates a child is in any danger.

The BoSTEM Initiative will follow all applicable federal and state laws that protect student personal and health related information (e.g., HIPAA and FERPA), including maintaining appropriate physical, electronic, and procedural safeguards. Student information is confidential and will not be shared or discussed with anyone outside of the approved BoSTEM Initiative staff and partners. All collected data for the BoSTEM Initiative will be securely stored in lockable locations, secure computer files, or on computer servers accessible only to the approved and trained BoSTEM Initiative staff. Data will be kept for five years.

Photography and Video Release

BPS, BASB and/or their partners/agents may videotape or take photos of your child's participation in the BoSTEM Initiative using video and/or digital photography. These images may be taken before, during, or after programming. These images may be used for the purpose of sharing your child's participation and associated perspectives to a public audience. Images may be published, posted, or played through a variety of communication channels, including but not limited to print, television, and/or online. Your child's name will not be in the videos.

Possible Risks of Participating

The risks associated with the BoSTEM Initiative are no greater than would be involved in normal daily routines.

Payment for Participating

Neither you nor your child will be paid for being in this study.

Legal Rights

You will not lose any of your legal rights by signing this consent form.

Alternatives to Participate In the Study

Since this study is for research only, the only other choice would be not to be in this study.

Possible Benefits

There are several potential benefits to participating in the BoSTEM Initiative, which we believe far outweigh any risks. Your child may find participating in the BoSTEM Initiative fun and interesting. Your child may learn valuable skills and receive instructional support that may improve other school-based skills. Information collected may help your child's school(s) develop resources for students and teachers to continue the BoSTEM Initiative. Additionally, your child's participation may potentially benefit other students and schools by helping us learn more about the BoSTEM Initiative.

CONTACT INFORMATION

If you have questions about the BoSTEM Initiative at any time, or if you have a visual or other impairment and require this material in another format, please contact Joe Rosenbaum at 617-624-8108 or jrosenbaum@supportunitedway.org.

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If you do not want to talk to the investigator or study staff, if you have concerns or complaints about the research, or to ask questions about your rights as a study subject you may contact IntegReview. IntegReview's policy indicates that all concerns/complaints are to be submitted in writing for review at a convened IRB meeting to:

Mailing Address:	OR	Email Address:
Chairperson IntegReview IRB 3815 S. Capital of Texas Highway Suite 320 Austin, Texas 78704		integreview@integreview.com Between 8am and 5pm

If you are unable to provide your concerns/complaints in writing or if this is an emergency situation regarding subject safety, contact our office at:

512-326-3001 or
toll free at 1-877-562-1589
between 8 a.m. and 5 p.m. Central Time

IntegReview has approved the information in this consent form and has given approval for the investigator to implement the BoSTEM Initiative. This does not mean IntegReview has approved your child participating in the BoSTEM Initiative. You must consider the information in this consent form for yourself and decide if you want your child to participate.

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Agreement to Participate

By signing this form below, I give permission for my child to participate in the BoSTEM Initiative from September 2018 through August 2019, and I acknowledge that I have read, understand, and agree to all aspects of the BoSTEM Initiative as described in this consent form.

Please check one option below.

_____ I have read and understand this consent information, and **I agree** to allow my child to participate in the BoSTEM Initiative.

OR

_____ I have read this and understand this consent information, but **I do not agree** to allow my child to participate in the BoSTEM Initiative.

Please provide the following information. All information you provide is completely confidential and will not be shared with anyone outside of the BoSTEM research team:

1. Your child's BPS ID Number: _____
2. What grade is your child currently in?
 - 6th
 - 7th
 - 8th
3. What is your child's date of birth? _____
4. To which gender does your child most identify?
 - Female
 - Male
 - Prefer not to say
5. Is your child of Hispanic/Latino, or Spanish origin?
 - Yes No
6. How would you describe your child? (check all that apply):
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

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Print parent/guardian name: _____

Parent/guardian signature: _____

Print student name: _____

Name of student's out-of-school time program: _____

School: _____

Date: _____

You will receive a signed and dated copy of this consent form to keep.

We appreciate you taking the time to consider being a part of the BoSTEM Initiative.

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