

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

Dear Student,

We want you to be in a research study about your experience in this out-of-school time program. A research study helps answer a question. The question we want to answer is does being in this out-of-school program helps students learning in science, technology, engineering, and math (STEM).

For this study, we will be collecting information about you from Boston Public Schools. We want to know what school you go to, what grade, age, race, and gender you are, and what your zip code is. We want to know how you are doing in school and if you are having behavior or learning problems that make school more difficult. You can ask us about the information we will collect. We will keep this information private and will not publish it or use it in ways that will let other people outside the study know about you as an individual.

You will also be asked to fill out two surveys. One is the Survey on Academic and Youth Outcomes (SAYO-Y). The SAYO-Y is a brief survey taken at the end of the program which asks you about your program experiences and future plans. The second survey is called the Common Instrument ("CI"). The CI is a brief survey completed twice which asks about your interest in science, technology, engineering, and math.

If you decide to participate in this study, here are some things you should know:

- You do not have to participate in this study if you do not want to. You can say no, and no one will be mad at you.
- Your name will not be used in any reports about this study.
- Only the researchers conducting this study will have access to your data.
- All data will be destroyed at the end of the study.
- You may stop participating in the study at any time. If you choose to stop participating, it will not affect your grades or your relationships with your teachers or school. No one will be mad at you if you stop.

PHOTO RELEASE INFORMATION

We may take photographs, or videotape some of the activities in this study. We may use these in presentations, on TV, online and in magazines that teachers and scientists read. We will not use your name in the photographs. If you sign this paper it means it is ok for us to take photographs or videotape activities you are in.

Contact Information: If you have any concerns about your participation in this study or have any questions about the study, please contact Kathy Dowell at The Evaluation Group, telephone number: 803-719-5115; email kathy@evaluationgroup.com.

THIS IS AN IMPORTANT DOCUMENT - KEEP FOR FUTURE REFERENCE

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Please check one choice below.

_____ I agree to be in this study.

OR

_____ I do not agree to be in the study.

Print name: _____

Signature: _____

Date of Birth: _____

BPS ID Number: _____

Out-of-School Time Program Name: _____

Printed Name of Person Explaining Consent Form: _____

Signature of Person Explaining Consent Form: _____

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

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