

**INFORMED CONSENT DOCUMENT - Teachers
OLD DOMINION UNIVERSITY**

PROJECT TITLE: Science Education Advancing Research of the Chesapeake Bay and its Habitats (SEARCH)

INTRODUCTION

The purpose of this form is to give you information that may affect your decision whether to say YES or NO to participation in this research study at your school entitled, Science Education Advancing Research of the Chesapeake Bay and its Habitats (SEARCH), and to record the consent of those who say YES.

RESEARCHERS

Daniel Dickerson, PhD Responsible Project Investigator Associate Professor Darden College of Education Department of STEM Education and Professional Studies Old Dominion University	Eileen Hofmann, PhD Professor Center for Coastal Physical Oceanography Old Dominion University
Sueanne McKinney, PhD Associate Professor Darden College of Education Department of STEM Education and Professional Studies Old Dominion University	

DESCRIPTION OF RESEARCH STUDY

The purpose of the study is to learn how professional development activities help enhance teacher attitudes, awareness, and content knowledge regarding science, math, and engineering. Additionally, we will be examining the efficacy of the program.

If you decide to participate, then you will join a study involving research about professional development that will involve you receiving instruction and completing assignments regarding science, math, and engineering that are part of typical professional development programs. Additionally, you will be asked to complete short questionnaires and concepts maps and participate in videotaped interviews. Statistical tests will be applied to the data and selected responses from the questionnaires will be used to support assertions made. All videotaped data from interviews will be transcribed and the transcriptions will be analyzed. After the data have been analyzed, the tapes will be destroyed. We will not disseminate any information, oral or written, that identifies you or your participation with this study. The only exception will be if you allow us to use your image in publications (e.g. NSTA's *Science Teacher*) or professional presentations. Even then we will not use your name or any other identifying information about you. Permission to use your image will be secured through a separate photo release form. Your participation in this study is in NO way linked to your grade or job. If you say YES, then your participation will last for approximately nine hours over the course of the professional development program (approx two years). We are simply trying to find out how professional development activities help enhance teacher attitudes, awareness, and content knowledge regarding science, math, and engineering and whether or not what we are doing is effective. Approximately 60 teachers will be participating in this study. There will be approximately nine data collection sessions over the course of two years. Each session will last approximately one hour for a total of nine hours over the course of the two-year project.

RISKS AND BENEFITS

There are no risks associated with this study beyond what are normally experienced in typical professional development workshops. No information that identifies you or your participation with this study will be used without your permission. Your participation in this study is in NO way linked to your grade or job.

BENEFITS: There are no direct benefits for participation. Indirect benefits include being exposed to in-depth study of science in innovative, real-world settings.

NEW INFORMATION

If the researchers find new information during this study that would reasonably change your decision about participating, then they will give it to you.

CONFIDENTIALITY

The researchers will take reasonable steps to keep all information confidential. Only the researchers will see the data and will keep all data in a locked filing cabinet prior to its processing. The results of this study may be used in reports, presentations, and publications; but the researcher will not identify you. Of course, your records may be subpoenaed by court order or inspected by government bodies with oversight authority.

WITHDRAWAL PRIVILEGE

It is OK for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from the study -- at any time. Your decision will not affect your relationship with Old Dominion University, or otherwise cause a loss of benefits to which you might otherwise be entitled.

COMPENSATION FOR ILLNESS AND INJURY

If you say YES, then your consent in this document does not waive any of your legal rights. However, in the event of injury arising from this study, neither Old Dominion University nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation for such injury. In the event that you suffer injury as a result of participation in any research project, you may contact Daniel Dickerson, Responsible Project Investigator, at 757-683-4676 or Dr. George Maihafer, the current IRB chair, at 757-683-4520 at Old Dominion University, who will be glad to review the matter with you.

VOLUNTARY CONSENT

By signing this form, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later on, then the researchers should be able to answer them: Daniel Dickerson, Responsible Project Investigator, at 757-683-4676

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should call Dr. George Maihafer, the current IRB chair, at 757-683-4520, or the Old Dominion University Office of Research, at 757-683-3460.

And importantly, by signing below, you are telling the researcher YES, that you agree to participate in this study. The researcher should give you a copy of this form for your records.

Subject's Printed Name & Signature	Date
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INVESTIGATOR'S STATEMENT

I certify that I have explained to this subject the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to human subjects and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws, and promise compliance. I have answered the subject's questions and have encouraged him/her to ask additional questions at any time during the course of this study. I have witnessed the above signature(s) on this consent form.

Investigator's Printed Name & Signature	Date
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