

PARENT INFORMATION LETTER
BRAIN to High School

Dear Parent/Guardian,

Biology teachers at your child’s high school may have attended a workshop to learn about the brain and to create lessons for students to learn about how the brain works. This workshop is part of a grant at the University of Minnesota called “BRAIN to High School” funded by the National Institutes of Health. Dr. Janet Dubinsky (Department of Neuroscience) and Dr. Gillian Roehrig (Department of Curriculum and Instruction) are in charge of the workshop. Dr. Michael Michlin from the Center for Applied Research and Educational Improvement is the person who will compile all project data.

As part of the funding received to provide the workshops for teachers we are expected to evaluate student learning. Your child will be asked to fill out a short survey on how he/she felt about these lessons and to complete a short test on what they have learned about the brain. We are asking permission to use your child’s survey and test answers as part of our evaluation. Participation is optional. Student names will not be given to the University staff.

There are no risks to your child for helping in this study. All survey answers and test scores will be kept locked in the Center for Advancement in Educational Improvement at the University of Minnesota.

Your decision to allow the use of your child’s answers and scores will not affect your child’s class grade. If you **DO NOT** want your child to help, please complete this form and return it to your child’s teacher.

Your decision whether to participate will not affect your child’s current or future relations with the University of Minnesota.

If you have questions, you may contact Dr. Janet M Dubinsky at 612-625-8447, Department of Neuroscience, 6-145 Jackson Hall, 321 Church St SE, Mpls, MN 55455, email: dubin001@umn.edu .

If you have any questions or concerns regarding the study and would like to talk to someone other than the researcher(s), contact Research Subjects’ Advocate line, D528 Mayo, 420 Delaware Street S.E., Minneapolis, Minnesota 55455; telephone (612) 625-1650.

Statement of Non-Consent:

If you **do not want** your child to help in this study, please sign and return the bottom part of this page. Thank you for your cooperation.

___ I **DO NOT** give my permission for _____ to help in the BRAIN to High School project evaluation. (student’s name- please print)

Parent/Guardian Signature _____ Date _____