

# UNIVERSITY OF MINNESOTA

*Twin Cities Campus*

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## STUDENT ASSENT FORM BRAIN to High School

Dear Student,

Biology teachers at your 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. You will be asked to fill out a short survey on how you felt about these lessons and to complete a short test on what you have learned about the brain. We are asking permission to use your 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 you for helping with this study. You won't be identified in any written reports on this project. All records will be kept locked in a safe place at the University of Minnesota.

Your class grade will not be affected by whether or not you decide to let us use your answers on this survey or your score on the brain test. Please fill out the form below and return it to your teacher.

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

If you have questions, you may contact Dr. Janet M Dubinsky at 612-625-8447, or email: [dubin001@umn.edu](mailto: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.

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### Statement of Assent:

Please choose if you want to let the BrainU project evaluator use your survey answers and brain knowledge scores. Sign and return the bottom part to your teacher. Thank you for your cooperation. Choose one:

I \_\_\_\_\_ **DO** choose to let the BrainU project evaluator use my survey  
(your name- please print) answers and brain unit test answers.

I \_\_\_\_\_ **DO NOT** choose to let the BrainU project evaluator use my  
(your name- please print) survey answers and brain unit test answers.

Signature \_\_\_\_\_ Date \_\_\_\_\_