

TEACHER CONSENT FORM BRAIN to High School

We invite you to participate in the evaluation of the BRAIN to High School project. We ask that you read this form and ask any questions you may have before agreeing to be in the evaluation.

This study is a joint venture involving the Departments of Neuroscience (Medical School) and Curriculum and Instruction (College of Education and Human Development) at the University of Minnesota. The project is funded by a grant from the National Institutes of Health.

We propose to develop, implement, evaluate, and disseminate a two-year sequence of summertime teacher institutes (called BrainU 101 and BrainU 202) aimed at high school biology teachers and district coaches from the Anoka-Hennepin School District and the St. Paul Public School District. The content focus of the institutes and associated classroom activities will be neuroscience, including an understanding of cognition, learning, emotions, the clinical trial process and how the autonomic nervous system regulates homeostasis, with an emphasis on inquiry pedagogy. All activities will be aligned with the Minnesota Science Standards.

The purpose of this evaluation is to provide the project staff with information about how well the program is developing and a final assessment of how well the specific goals were met.

We are asking all the evaluation participants to:

- complete neuroscience knowledge assessments
- administer and collect pre- and post- student performance data on the provided classroom assessment instrument
- administer and collect the student attitude surveys
- distribute and collect student assent forms and parent information form
- consent to up to three classroom observations by trained personnel from the Center for Applied Research and Educational Improvement (CAREI) at the University of Minnesota

It is estimated that completing the above tasks might require up to two hours of teacher time.

All responses to the surveys will be kept strictly anonymous, remain confidential, and will be reported out only in the aggregate. There are no risks to you for your participation in this study. In any sort of report we might publish, we will not include any information that will make it possible to identify a participant or their organization. Research records will be kept in a locked file; only Dr. Michlin, the program evaluator from (CAREI), and the research staff will have access to the records.

For participation in the evaluation and for annual administration of student forms, surveys and tests you will receive \$100/year.

(over)

UNIVERSITY OF MINNESOTA

Your decision whether to participate will not affect your current or future relations with the University of Minnesota. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

I have had an opportunity to ask questions and received answers. If you have questions later, you may contact Janet M. Dubinsky, Ph.D. 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 Consent:

I, _____ have read the above information. I have asked
(please print name) questions and have received answers. I consent to participate in the study.

Signature _____ Date _____

Signature of Investigator _____ Date _____