

*Washington College
300 Washington Avenue
Chestertown MD 21620*

Experiment Title : **The METS Guild of Chestertown**
PI Name Stewart Bruce

Informed Consent Form
The legal guardian of the youth participating must sign this form

Purpose:

The purpose of this study is to investigate how well 7th, 8th, and 9th graders can master complex technology skills and then apply these skills by working on real world projects. Anytime Washington College researchers work with youth participants the Institutional Review Board at the College requires that the persons taking part in the research be fully informed of the details of the research project and that they, or their legal guardian, have an informed consent to allow for participation. Your approval of this form provides that informed consent.

Procedure:

If you agree to be in this study, you will be asked to do the following:

Attend eight training sessions of 3 hours duration each and upon successful completion of the project complete eight additional 3 hour sessions where you will work on a real world project that requires the skills you have learned.

You will be asked to complete a pre and post evaluation form as well as complete assignments during the training.

Benefits/Risks to Participant:

Participants will learn something about technology and how it is applied in the real world. Participants may also receive a small stipend for their participation based on available funds. It is unlikely that the stipend will exceed \$100 and the participant must successfully complete the entire program to be eligible for the stipend. There are no anticipated risks for participation in the project.

Voluntary Nature of the Study/Confidentiality:

Your participation in this study is entirely voluntary and you may refuse to complete the study at any point during the training. There is no penalty if you decline to participate or stop your participation at any time. You may also stop at any time and ask the researcher any questions you may have. Your name will never be connected to your results or to your responses on the questionnaires; instead, a number will be used for identification

purposes. Information that would make it possible to identify you or any other participant will never be included in any sort of report. The individual data will be accessible only to those working on the project.

Contacts and Questions:

Prior to signing this form you may ask any questions you may have regarding this study. If you have questions later, you may contact the investigator at 443-282-0012

Statement of Consent:

I have read the above information. I have asked any questions I had regarding the experimental procedure and they have been answered to my satisfaction. I consent to participate in this study.

Name of Participant _____
(please print)

Name of Legal Guardian _____

Signature of Legal Guardian _____ Date: _____

Thanks for your participation!