Institutional Review Board for the Protection of Human Subjects (IRB)

Child Assent Form



Study Title: The Impact of the iPad2 on Education in the North Fond du Lac School District

IRB Approval File Code: L111211019Q

Researchers:

Jenna Linskens, Assistant Professor of Education, Marian University

<u>Jalinskens67@marianuniversity.edu</u> Cell phone (920)540-7629

Malia Hoffmann, Assistant Professor of Education, Marian University

<u>Mmhoffmann74@marianuniversity.edu</u> Cell phone (920)246-7192

- Our names are Jenna Linskens and Malia Hoffmann. We are from Marian University.
- We are asking you to be in a research study about using iPads to help you learn and help your teachers plan lessons.
- Your parent knows we are going to ask you to be in this research study, but you get to decide
 if you want to join in this study. It is up to you. If you decide to be in the study, we will ask you
 to answer some questions about your learning using a computer.
- If you are in this study it will help your teachers and other people learn about iPads and how they can help kids learn.
- We don't think anything bad will happen to you if you are in this study, but it will take time from your regular classroom day. There are not a lot of questions and it should not take you a long time. If you need to take a break from answering the questions you can tell your teacher.
- If you decide to not be in the study, you will still have to take your regular classroom tests and quizzes, but you will not have to take the surveys about iPads on the computer.
- If anything in the study worries you or makes you uncomfortable, let your teacher know and you can stop. There are no right or wrong answers to any of our questions. You don't have to answer any question you don't want to answer or do anything you don't want to do.
- Everything you say and do will be private. We won't tell your parents or anyone else what you say or do while you are taking part in the study. When we tell other people about what we learned in the study, we won't tell them your name or the name of anyone else who took part in the research study.
- You don't have to be in this study. It is up to you. You can say no now or you can change your mind later. No one will be upset if you change your mind.

Template: Ages 6-10 (Social/Behavioral Sciences)

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Version: August 2009

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You can ask us questions anytime and you can talk to your parent any time you want. We will
give you a copy of this form that you can keep. Here is the name and phone number of
someone you can talk to if you have questions about the study:

Professor Jenna Linskens (920) 540-7629 Professor Malia Hoffmann (920) 246-7192

Do you have any questions now that we can answer for you?

Template: Ages 6-10 (Social/Behavioral Sciences)

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IF YOU WANT TO BE IN THE STUDY, SIGN OR	PRINT YOUR NAME ON THE LINE BELOW:
Child name and signature	Date
Check which of the following applies (to be comp	leted by the person administering the assent.)
☐ The child is capable of reading and unabove as documentation of assent to the child is capable.	derstanding the assent form and has signed ake part in this study.
	assent form, but the information was verbally above as documentation of assent to take part
Signature of Person Obtaining Consent	December 1, 2011 Date
Jenna Linskens and Malia Hoffmann Printed Name of Person(s) Obtaining Consent	Co-Researchers Role in the Research Study

Template: Ages 6-10 (Social/Behavioral Sciences)

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