

INFORMED CONSENT DOCUMENT

Project Title: Examination of Academy Students' Social Cognitive Characteristics

Investigators: Steve Wininger, Ph.D., Anne N. Rinn, Ph.D., and Julia Roberts, Ed.D.,
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Your child is being asked to participate in a project conducted through Western Kentucky University. The University requires that you give your signed agreement for your child to participate in this project. Please sign and return this document.

The investigator will explain to your child in detail the purpose of the project, the procedures to be used, and the potential benefits and possible risks of participation. Your child may ask any questions he/she may have to help understand the project. A basic explanation of the project is written below.

1. **Nature and Purpose of the Project:** The purpose of this project is to examine social cognitive characteristics of students enrolling in the Academy of Mathematics and Science in Kentucky and to track changes in social cognitive development over the course of their time at the academy.
2. **Explanation of Procedures:** Students will be invited to complete questionnaires at the beginning, end of their first year, and end of their second year at the academy. It will take approximately one hour per assessment.
3. **Discomfort and Risks:** No known discomfort or risks are expected from participating in this project.
4. **Benefits:** Your child will not receive compensation or benefits from participating in this research. However, participating in this research will add to the available body of literature related to the effects of participating in an accelerated residential academy, which will allow researchers and educators to better understand gifted students and to improve future programs.
5. **Confidentiality:** All efforts will be made to maintain the confidentiality of participants. Individual results will not be discussed with anyone outside of the research team. All data will be coded with numerical identifiers, and the links between names and identifiers will only be available to the two lead investigators on the project.
6. **Refusal/Withdrawal:** Refusal to participate in this study will have no effect on any future services you or your child may be entitled to from the University. Anyone who agrees to participate in this study is free to withdraw from the study at any time with no penalty.

Please turn over →

(consent form continued)

You understand also that it is not possible to identify all potential risks in an experimental procedure, and you believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.

My child's printed name _____

Signature of Parent

Date

Witness (optional)

Date

If you have any questions or comments about this study, please do not hesitate to contact the researcher, Dr. Steve Winger, at (270) 745-4421 or steven.winger@wku.edu.

THE DATED APPROVAL ON THIS CONSENT FORM INDICATES THAT
THIS PROJECT HAS BEEN REVIEWED AND APPROVED BY
THE WESTERN KENTUCKY UNIVERSITY HUMAN SUBJECTS REVIEW BOARD
Dr. Phillip E. Myers, Human Protections Administrator
TELEPHONE: (270) 745-4652