



### CHILD'S ASSENT FOR STEM ENRICHMENT PROGRAM

You are free to decide whether or not to participate in this program. If you do want to participate, please sign below. If not, just return the form blank.

I would like to participate in this program, in which RPI grad students will help teach Science, Technology, Engineering, and Math (STEM). I understand this is voluntary, and that I don't have to participate if I don't want to. I understand that the program will include surveys of my views and samples of my work, and that this data will be kept confidential, used only to evaluate the effectiveness of the program.

Name of Child: \_\_\_\_\_

Signature of Child: \_\_\_\_\_

Date \_\_\_\_\_

Photos: Please indicate whether or not we may include you when we take photos. They will not be used for any purpose other than our educational publications such as reports or journal articles.

- Yes I give permission for photos
- No I do not – you may not photograph me

If you have any questions please contact me:

Dr. Ron Eglash  
Associate Professor  
Science and Technology Studies  
Sage Labs 5502, RPI  
110 8th St, Troy, NY 12180-3590

email: eglash@rpi.edu  
Work#: 518-276-2048  
fax#: 518-276-2659  
[www.rpi.edu/~eglash/eglash.htm](http://www.rpi.edu/~eglash/eglash.htm)

Thanks

Ron Eglash

Note: Do not sign this consent form if it does not have an IRB approval stamp, or if the date has lapsed.





## PARENT'S CONSENT FOR STEM ENRICHMENT PROGRAM

You are free to decide whether or not your child participates in this program. If you do want to your child to participate, please sign below.

We would like our child to participate in this program, which uses grad students to teach Science, Technology, Engineering, and Math (STEM). We understand this is voluntary, and that we may take this student out of the study at any time we like, without penalty. We understand that the program will include surveys of children's views and samples of their work, and that this data will be kept secure and confidential, used only to evaluate the effectiveness of the program. Data collected in paper form is kept in a locked cabinet in a locked office. Any electronic data is stored on a password protected computer.

Name of Child: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date \_\_\_\_\_

Photos: Please indicate whether or not we may include your child when we take photos. They will not be used for any purpose other than our educational publications such as reports or journal articles.

- Yes I give permission for photos
- No I do not – you may not photograph this student

If you have any questions please contact me:

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Science and Technology Studies  
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You can also contact the RPI Internal Review Board chair for questions: Michael Kalsher, 276-8267 ([kalshm@rpi.edu](mailto:kalshm@rpi.edu)).

Thanks

Ron Eglash

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