



### *SCIENTIST PARTICIPANT INFORMED CONSENT FORM*

Please read this document carefully before you decide if you want to participate in this research study. **Your participation is voluntary, and you can decline to participate, or withdraw consent at any time, with no consequences.**

#### **Study Title:**

Examining the Impacts of the Scientist in Every Florida School Moonshot (SEFS) Initiative

#### **Person(s) conducting the research:**

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**Purpose of the research study:**

We are inviting you to participate in a study that will examine the effects of scientist-teacher partnerships in K-12 science education. We have the support of school administrators who are enthusiastic about the potential of the Scientist in Every Florida School project. We will be happy to share de-identified project data with you.

**What you will be asked to do in the study:**

The Scientist in Every Florida School program invites Florida scientists like yourself to visit K-12 classrooms and co-design and co-teach a lesson with K-12 teachers. We are inviting you to share your perceptions of the teacher-scientist partnership with us so we can better understand effective conditions for designing and implementing such programs. Your name will NEVER be revealed in any internal or external reports, presentations, or publications.

**Time required:**

You will complete a short survey after you meet with the students. It will only take about 10 minutes of your time. We might also ask you a few questions about your experience in the program using the interview format (depending on your and your partner teacher’s responses to the survey). This interview will only take about 20 minutes of your time.

**Risks and benefits:**

There are no risks or discomforts anticipated.

There are no direct benefits of participation for you. We hope our research will help us better understand the effects of teacher-scientist partnerships and scientist visits to schools.

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**Confidentiality:**

Your name and other identifying information will never be released in any internal or external report of the study. Each participant will be assigned a unique ID and the password-protected spreadsheet linking names and study IDs will be stored on principal investigator’s password-protected computer at the University of Florida. The list linking names and study records will be discarded at the end of the study.

**Compensation:**

We do not offer compensation for participation in this research study.

**May the researcher(s) benefit from the research?**



We may benefit professionally if the results of the study are presented at meetings or in scientific journals.

**Withdrawal from the study:**

You are free to withdraw consent and to stop participating in this study at any time without consequence. If you choose to withdraw, your data will be discarded.

If you wish to discuss the information above, please contact one of the research team members listed at the top of this form.

If you have any questions regarding your child’s rights as a research subject, please contact the Institutional Review Board (IRB02) office (352-392-0433 or irb2@ufl.edu.)

**Agreement:**

I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

\_\_\_\_\_  
Participant’s Name

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person obtaining informed consent

\_\_\_\_\_  
Signature of Person obtaining informed consent

\_\_\_\_\_  
Date