

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY PARENTAL PERMISSION AND ASSENT

Project Title: Governor's School for Agriculture

Investigators: Dr. Brett Milliken, Collegiate Assistant Professor (540-231-1003, bmilliken@vt.edu)

I. Purpose of Research

The purpose of the study will be to evaluate the overall effectiveness of the Governor's School for Agriculture (GSA) in teaching agricultural concepts to these students, and the students learning of agriculture and leadership.

II. Procedures

Students participating in the GSA will be asked to share all assignments, assessments, and reflections completed, for evaluating the program. There will not be any assignments or extra effort required beyond normal participation in the GSA.

III. Risks

There is no more than minimal risk when participating in this study.

IV. Benefits

There are no direct benefits to the student or parent. The indirect benefits relate to how the student's academic work and learning experiences, will be used in this research as a possible means to continually improve the curriculum of the GSA. There has been no promise or guarantee of benefits that have been made to encourage you to participate.

V. Extent of Anonymity and Confidentiality

Protecting the student's identity is a top priority of this study. By participating in this study, your information will be kept strictly confidential. Any information that potentially could identify you or others will be coded to insure confidentiality. At no time will information be released that allows a student to be identified. At no time will the researchers release the results of the study to anyone other than individuals working on the project without your written consent. Only the research team will have access to your data. Should you have any questions or concerns about the study's conduct you may contact Brett Milliken at bmilliken@vt.edu or 540.231.1003.

VI. Compensation

There is no compensation for participating in this research.

VII. Freedom to withdraw

The student is free to withdraw from the study at any time without penalty.

VIII. Participant's responsibilities

The student voluntarily agrees to participate in this study and will allow completed assignments be evaluated after the GSA program has ended.

IX. Parent's Permission

I have read and understand the Informed Consent and the conditions of this project. I have had all of my questions answered. I hereby acknowledge the above and approve of my child participation. I hereby acknowledge the above and approve of my child participation. By typing or drawing my signature below, I acknowledge that it is my intent to electronically sign this document and agree to the use of electronic records for the purposes provided herein.

Yes: _____ No: _____

Parent/Guardian Signature: _____ Date: _____

Student Assent to Participate

I, _____, agree to be in a study that examines my participation in the Governor's School for Agriculture. I agree to have my completed assignments, assessments, and reflections to be used to improve future classes of the Governor's School. I can decide to stop being in this study at any time without getting in trouble. By typing or drawing my signature below, I acknowledge that it is my intent to electronically sign this document and agree to the use of electronic records for the purposes provided herein.

Student Signature: _____ Age: _____ Date: _____

Witness: _____ Date: _____

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

INFORMED CONSENT FOR GOVERNOR'S SCHOOL PARTICIPANTS OVER THE AGE OF 18 YEARS

Project Title: Governor's School for Agriculture
Investigators: Dr. Brett Milliken, Collegiate Assistant Professor
(540-231-1003, bmilliken@vt.edu)

Use this form instead of previous form if student is, or will be 18 years-old while attending Governor's School.

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III. Risks

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IV. Benefits

There are no direct benefits to the student or parent. The indirect benefits relate to how the student's academic work and learning experiences, will be used in this research as a possible means to continually improve the curriculum of the GSA. There has been no promise or guarantee of benefits that have been made to encourage you to participate.

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VI. Compensation

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VII. Freedom to withdraw

The student is free to withdraw from the study at any time without penalty.

VIII. Participant's responsibilities

The student voluntarily agrees to participate in this study and will allow completed assignments be evaluated after the GSA program has ended.

IX. Participant's Permission

I have read and understand the Informed Consent and the conditions of this project. I have had all of my questions answered. I hereby acknowledge the above and give my voluntary consent. By typing or drawing my signature below, I acknowledge that it is my intent to electronically sign this document and agree to the use of electronic records for the purposes provided herein.

Yes:

No:

Participant

Signature: _____

Date: _____

By typing or drawing my signature here, as a witness, I acknowledge that it is my intent to electronically sign this document and agree to the use of electronic records for the purposes provided herein.