

Appendix D
Informed Consent Form

January 16, 2006

Dear Parents of Guardian,

I am conducting a research project to study why there is a decline in female enrollment in secondary education. A major goal of the research is to find out why this decline is occurring. Your child will have the choice to answer questions on a survey about their attitudes toward science and education. I am currently pursuing my Master's degree in Education at Cardinal Stritch University and this study is a part of the action research requirement to complete a thesis.

This study will involve 8th grade female students in science class. The procedure to be followed is each student will be given a survey on their attitudes toward science and higher education. This sample will be evaluated to see if the attitudes affect the decline in science enrollment in secondary education.

I am a licensed elementary/middle, science teacher in the State of Wisconsin and have been trained in effective action research methodology. I am familiar with the work of researchers who have explored the decline of female enrollment in secondary science education classes. There are no foreseeable risks to the students involved.

All information obtained will be recorded in a confidential form and the results will not be released in any way that could identify the participant in this project.

While there are not immediate benefits for participating in this study, the information derived may be useful scientifically and helpful to others. Benefits that might be expected from participation in this study include knowledge of the possibility in decline in science enrollment in the secondary education setting, thereby providing the participant with an opportunity for making appropriate changes in their educational choices if they choose to.

Participation is voluntary. If the participant wishes to withdraw from the study at any time, one may do so without prejudice or penalty, and the information collected up to that point would be destroyed upon request.

If you have any questions regarding this research, please call or write:

YOUR NAME
YOUR SCHOOL ADDRESS
YOUR PHONE NUMBER
YOUR EMAIL

Advisor
NAME
CONTACT INFO

If you have any concerns about your treatment as a participant in this study, please call or write:

Joan L. Whitman
Cardinal Stritch University
0037 W. McKinley, Room 310
Milwaukee, WI 53205

Note: All complaints are kept in confidence.

Parent will provide the appropriate signature.

I have received an explanation of the study.

_____ I agree to permit my child/dependent to participate in the study.

_____ I do not permit my child/dependent to participate in the study.

Name of Minor Child/Dependent

Signature of Parent or Legally Authorized Representative

Date

This research has been approved by Cardinal Stritch University Institutional Review Board for the Protection of Human Participants for a period of 18 months.