



**Parental Consent to Participate in an AP Research Study
Winston Churchill High School • Potomac, MD**



Make a copy of this document, and then send it to benmatt319@gmail.com

Title of Study: Effects of Bracing for Adolescent Idiopathic Scoliosis on the Academic Experience of Patients

Student Investigator: Benjamin Mattison

Name of Child:

Name of Parent/Guardian:

Email:

Introduction

- Your child is being asked to participate in an AP Research study on the effects of bracing for scoliosis on the academic experience of patients.
- Your child was selected as a possible participant because they are Middle or High School aged, is prescribed to brace for at least 18 hours per day, and has worn a brace at school for one month. They must be currently in the bracing process.
- Please read this form and ask any questions that you may have before allowing your child to participate in this study.

Purpose of Study

- The purpose of this study is to determine how bracing affects the academic experience and how the experience can be improved.
- Value/Significance of the study is that there is no American academic papers about the impact bracing has on school life despite its significance.
- By looking into the different factors, we will be able to understand the ways bracing affects experience and what must be improved.
- This research may be presented as a paper to the College Board. No other use will be made of this study; if that changes, you will be notified.

Description of the Study Procedures

- If you decide to allow your child to participate in this study, they will be asked to do the following:

- Take a survey that asks them about various aspects of their academic experience
- If they opt in, an interview with more detailed responses and examples.

Risks/Discomforts of Being in this Study

- There are no evident risks/discomforts related to participating in this study. However, if at any point in the research the participants feel as if their privacy is being violated they can stop the study immediately.

Benefits of Being in the Study

- There are no expected benefits to participants.

Confidentiality

- The records of this study will be kept strictly confidential. Research records/electronic information will be secured using a password protected file. I will not include any information in any report I may publish that would make it possible to identify your child.
- The Google form will not ask the participant for any identifying/potentially harmful information, including their name or school ID number. The only personal information required by the form is their grade, sex, and basic brace questions. Once the study is complete, survey responses will be deleted. Consent forms will be shredded.

Payments/Benefits

- Participants will receive no payment.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you and your child. You are welcome to observe/view the interview/survey if you wish. Your child may refuse to take part in the study *at any time* without affecting your relationship with the investigators of this study or Winston Churchill High School or losing benefits to which you are otherwise entitled. Your child has the right not to answer any single question, as well as to withdraw completely from the interview/survey at any point during the process; additionally, you have the right to request the interview/survey material not be used in the study.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Ben Mattison at benmatt319@gmail.com. If you like, a summary of the results of the study will be sent to you. If you have any other concerns about your rights as a research participant that have not been answered by the

investigators, you may contact Anne Beggs, AP Research Instructor at Anne.E.Beggs@mcpsmd.net.

- If you have any problems or concerns that occur as a result of your participation, you can report them to Anne Beggs at the email above.

Consent

Your signature below indicates that you have decided to allow your child to participate as a research subject for this study, and that you have read and understood the information provided above.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Phone Number: _____

Signature of Investigator: _____ Date: _____