

Appendix J

PARENTAL / GUARDIAN CONSENT FORM
FOR PARTICIPATION OF HUMAN SUBJECTS IN RESEARCH
UNIVERSITY OF WISCONSIN – PLATTEVILLE

Project Title: Success Factors in the Use of Service Learning
in Wisconsin 4-H Clubs
Researcher: Alison Bunte, Ph.D. (608) 342-1131, and
Ellen Andrews (920) 832-5122

PURPOSE: This study is about how 4-H youth and adults conduct service projects. We are trying to understand what the strategies and characteristics are of clubs who are involved with educationally valuable service experiences. We would like your dependent to participate in a discussion group for a research study about the success factors contributing to a service learning experience. The goal of this project is to use the information your dependent shares to improve 4-H agent and volunteer leaders' ability to help other clubs conduct powerful service experiences.

PARTICIPANTS: To be a part of this study, your dependent must be a member of the *Sample* 4-H club and have participated in part of the planning and conducting of the *Example* service project.

PROCEDURE: If you and your dependent choose to participate, your dependent will be included in a one hour discussion just prior to the *December* 4-H meeting. The questions discussed will address issues related to the service need, youth involvement, what was learned from the experience, and how the club reflected on the project. Your dependent will also be asked to comment on the areas where he/she or the club could improve the value or impact of the service experience.

RISKS: There is a possibility that for some participants talking in front of a group and fearing what others think may cause limited amounts of stress and anxiety. For this reason each focus group will start off with activities to help participants feel comfortable with one another and the moderator. There will also be a few basic ground rules for the group that will promote respect between all of the individuals.
There is also the potential risk that information shared in the discussion could identify a youth or adult who was thought not to handle a situation in the best way possible. We will be asking participants to respect each other's opinions and not to use names when talking about others during the discussion.
Finally, there is the risk of accidental disclosure of source linked data. Great care will be taken to insure that you or your dependent are not personally identified in any shared results of this study.

Parent/Guardian's Initials _____

OVER

BENEFITS: Participants may benefit from reflecting on their group’s service project and hearing the perspectives of other club participants. What we learn about characteristics and strategies of 4-H clubs conducting educational service projects may help the Wisconsin 4-H program assist other clubs in improving the value of their service experiences.

HUMAN SUBJECTS’ RIGHTS: Each discussion group will be audio taped for the purpose of ensuring that no one’s comments are missed, causing an incomplete analysis of the situation. Only first names will be used during the focus groups to assist in protecting the participants’ identities. After the taped discussions have been transcribed and there is no longer a need for the audio recordings, all the audiotapes will be erased. Data or summarized results will not be released in any way that could identify your dependent. All record will be kept in a locked drawer for a minimum of seven years, after which all information collected will be shredded.

If you or your dependent want to withdraw from the study at any time, you may do so without penalty.

QUESTIONS: If you have any questions or concerns about the focus groups or your dependent’s participation, please feel free to ask the discussion moderator or contact Alison Bunte, Ph.D. at the UW-Platteville Department of Education, (608) 342-1131, or Ellen Andrews at the Outagamie County UW-Extension Office, (920) 832-5122.

If you have any concerns about your treatment as a participant in this study, please call or write: Kathryn Lomax, Office of Sponsored Programs, UW-Platteville, Platteville WI 53818, (608) 342-1456.

CLOSING STATEMENT:

My signature below indicates that I have decided to allow my dependent to volunteer to participate in this study, and that I have read, understood and received a copy of this consent form.

DEPENDENT’S NAME

DATE

SIGNATURE OF PARENT OR GUARDIAN