

Physical Fitness Study Parental/Guardian Consent Form

My name is Heather Cahill and I am a graduate student at St. Cloud State University. This form is being sent to ask your permission to allow your child to participate in a study being conducted for my Master's Degree at St. Cloud State University. Two consent forms—one for you, the parents/guardians, and the other for your child—are included with this memo. Both of these forms must be signed and returned prior to the start of the study. If your child is unable to read the student consent form, please take a few moments to read it to him/her and explain it as needed.

Background Information and Purpose

It is my intent to use computer technology to enhance the wellness and lifetime fitness of children, specifically with disabilities. Collecting this data will assist in the training of future physical education teachers.

Procedures

With a computer power point software program, each student will create a movement sequence using stick figures. All created movement sequences will be incorporated into an exercise routine. At the conclusion of the project the students will demonstrate their exercise routine using audio and visual technology to the rest of the class, teachers, staff, parents/guardians, several St. Cloud State University Faculty members, and other selected individuals. You will be notified later as to the time and the day of the presentation.

Risks

There are no foreseeable risks associated with participation in this study.

Benefits

Data will be collected during the study and will include still pictures taken throughout the study and a video taken of the final exercise routine presentation. It is anticipated that the data collected will be used for educational purposes only, such as seminars and conventions, and courses at St. Cloud State University created to train future physical education teachers to work with children with disabilities.

Confidentiality

In addition to using data for the final paper that will remain on permanent file at the St. Cloud State University Miller Learning Resources Center (library), data may also be published in professional journals at a later time. At no time during the study or reporting the findings will your child's name be used in any manner.

Research Results

The data collected is anticipated to be used in the future for training students becoming physical education teachers and how to work with children with disabilities.

Contact Information

If you have questions or concerns involving this study you may contact me at (320)308-xxxx or email me at xxxxxxx@stcloudstate.edu. You may also contact my advisor, Dr. Sandra Petersen at (320)308-xxxx.

Voluntary Participation/Withdrawal

Participation in the study is completely voluntary and your child can withdraw at any time without any penalty or harm to him/her in regards to passing physical education. Children desiring not to participate in the study will continue their physical education class with another class. Throughout the study, your child will be asked at least two times each session how they are feeling and if they want to continue or withdraw from the study. Their responses will be recorded. In addition, my graduate advisor from St. Cloud State University, Dr. Sandra Petersen will visit the school, observe how the study is progressing, and make suggestions as needed. If your child decides to participate, he/she is free to withdraw at any time without penalty.

Acceptance to Participate

Your signature indicates that you and your child have read the information provided here and have decided to participate. You or your child may withdraw from the study at any time without penalty after signing this form.

I look forward to having your children participate in this innovative study and I thank-you in advance for your cooperation as I continue to complete my graduate study at St. Cloud State University.

First Hour D/APE Class Consent Form CAHILL Study

Please return to Ms. Cahill as soon as possible or at the latest by April 19, 2xxx.

- I grant permission to have my child participate in the master's study conducted by Ms. Heather Cahill.
- I understand that the study involves several steps, which are:
 - Teaching the students in the D/APE class basic information about the computer software power point program so they can create a movement sequence with the help of peer tutor
 - Creating an exercise routine by combining all participants' movement sequences.
 - Demonstrating and teaching other participants individual movement sequences.
 - Learning other participants' movement sequences and the combined exercise routine.
 - Performing the combined exercise routine to a selected audience.
- I give my permission to have audio/visual (still pictures and video) recordings made of my child.
- I realize that data will be collected and may be used at educational conferences/seminars, as well as courses at St. Cloud State University designed to train future physical education teachers to work with children with disabilities.
- I realize that the results of the study, including audio/visual recordings may be used in professional publications at a later date.
- I understand that confidentiality will be maintained and that my child's name will not be used in any manner while conducting the study or reporting the results of the study.
- I further understand that my child can withdraw from the study at any time if he/she so desires without any harm in regards to his/her educational progress.

Student Name (Printed)

Parent(s)/Guardian(s) Name (Printed)

X _____
Parent(s)/Guardian(s) Signature

Date