**CONSENT TO PARTICIPATE IN A DISCUSSION GROUP ABOUT THE**

\_\_\_\_\_\_ **PROGRAM**

Dear Parent or Guardian:

Your student’s science class participated in a \_\_\_\_\_\_ program sponsored by the \_\_\_\_\_\_. Science teachers and students conducted hands-on experiments to advance students’ knowledge in biotechnology. We would like to assess the benefits of participating in this program by holding a discussion group with teachers and selected students. Your son or daughter has indicated that he/she would like to participate in this discussion group. If you give permission for him/her to participate, please check the appropriate box below and return this form with your son/daughter to his/her science teacher.

**PARTICIPANTS:** \_\_\_\_\_\_ High School students who participated in the \_\_\_\_\_\_ Program.

**PROCEDURES:** On \_\_\_\_\_\_, 2010, from \_\_\_\_\_\_ to \_\_\_\_\_\_ pm in room \_\_\_\_\_\_, approximately fifteento twenty students will meet with a discussion group leader at \_\_\_\_\_\_ High School. The group will discuss the benefits of the \_\_\_\_\_\_ Program and how the program can be improved.

**BENEFITS:** Participants will not benefit directly from this discussion. However, your student’s participation will help the project directors improve the \_\_\_\_\_\_ Program.

**CONFIDENTIALITY:** Students’ last names or other personal information will not be revealed to the discussion group leader. All information that is collected will remain strictly confidential.

**IF YOU HAVE QUESTIONS:** Please contact the project evaluator, (Name, company, phone, email).

**VOLUNTARY PARTICIPATION:**

Participation in this discussion group is voluntary. Your student may decline to answer any question or discontinue his/her involvement at any time without penalty.

Please sign the bottom of this letter indicating consent and return it with your student to \_\_\_\_\_\_ (Room \_\_\_\_\_\_) by \_\_\_\_\_\_. Science teachers will notify students if they have been randomly selected to participate in the discussion group.



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 I consent to my student participating in the \_\_\_\_\_\_ Program discussion group.

 I do not consent to my student participating in the \_\_\_\_\_\_ Program discussion group.

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Print Student's Name Student’s Science Teacher Class period

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Parent’s/Guardian’s Name Parent’s/Guardian’s Signature Date