

# UNIVERSITY OF WASHINGTON

## PARENTAL CONSENT FORM

### Understanding the Impact of Free Access to Computers and the Internet in Public Libraries

#### Investigators:

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*\*Please note that we cannot guarantee the confidentiality of information sent via e-mail*

#### Researchers' Statement

We are asking your permission for your child to be in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether to allow them to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask your child to do, the possible risks and benefits, your child's rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to allow your child to be in the study or not. This process is called 'informed consent.' We will give you a copy of this form for your records.

#### PURPOSE OF THE STUDY

We want to learn more about how people use free access to computers and the Internet in public libraries. In an interview, we would like to talk to your child about his or her experiences with using the Library's computers to obtain information.

#### PROCEDURES

If you choose to have your child participate, we would like your child to be interviewed at the Public Library. The interview will take place during the time that your child regularly attends the Library. Snacks and non-alcoholic beverages may be provided to each participant.

The interview will last about 20-30 minutes and will focus on the different services that he or she has tried. For example, I will ask your child "What types of computer and Internet services have you tried at the Library?" "What skills have you learned?" "How have you benefited from using computers at the Library?" and "How do you think access to computers and the Internet could be improved?" Your child does not have to answer every question.

During the interview, your adolescent may refuse to answer any question. The interview will be audio recorded and transcribed. The audio recording of his or her voice will be destroyed within 6 weeks of being recorded. Only members of the research team listed above will have access to this potentially sensitive information.

#### RISKS, STRESS, OR DISCOMFORT

Some people do not want to take part in research.

#### ALTERNATIVES TO TAKING PART IN THIS STUDY

Taking part in this study is voluntary. If you decline, I will not interview your child for this study.

#### BENEFITS OF THE STUDY

Although we think this research is valuable to society as a whole, your child may not benefit directly from participation in this study.

#### OTHER INFORMATION

Being in this study is voluntary. Your child can stop at any time. Allowing your child to be in the study, or not allowing your child to be in the study, will not affect your child's involvement in any activities at the Library. Information about your child is confidential. We will assign pseudonyms to individuals. A pseudonym is a fictitious name to conceal your child's identity. We will keep the link between pseudonyms and names in a separate, secured location until May 2009. Then we will destroy the list of names. If we publish the results of this study, we will not use your name, the name of your child, or the names of people your child tells us about. Your child will receive \$20 after the interview.

Government or university staffs sometimes review studies such as this one to make sure they are being done safely and legally. If a review of this study takes place, your records may be examined. The reviewers will protect your privacy. The study records will not be used to put you at legal risk of harm.

If you have any questions about this research study, please contact Karen Fisher at the telephone number or e-mail listed above. If you have any questions about your child's rights as a research subject, please contact the University of Washington Human Subjects Division: 206-543-0098.

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Printed Name of Researcher

Signature of Researcher

Date

#### Participant's statement

This research study has been explained to me. I allow my child to take part in this research. I have had a chance to ask questions. If I have questions later about the research, I can ask one of the researchers listed above. If I have questions about my child's rights as a research subject, I can call the Human Subjects Division at (206) 543-0098. I will receive a copy of this consent form.

\_\_\_\_ I give my permission for the researcher to audio record and interview my child.

\_\_\_\_ I do NOT give my permission for the researcher to audio record and interview my child.

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Printed Name of Participant's Parent/Guardian

Signature of Participant's Parent/Guardian

Date