Project Title: The Motivation, Information and Inquiry Needs of Young Inventors

Dear Parent:

Did you know that USA students rank 17th in Science and 25th in Math in a recent global study? Your child(ren) can help improve our nation’s standing, by discovering education methods to better meet inquiry needs of young innovators.

Hello, I am Professor Ruth Small, a Research Investigator at Syracuse University researching this issue in partnership with the Connecticut Invention Convention. We would like to invite your young innovator(s) to participate in a very important and completely voluntary research study. We must obtain your permission for your child(ren) to participate. This letter will explain the research study, and I am always available to answer additional questions.

We desire to discover what motivates children to participate in invention activities and what information and 21st century skills students need to become more successful. We are asking 4th through 8th grade innovators to complete a 15-20 minute online survey and possibly participate in a recorded telephone interview a few weeks after the initial survey. Twenty randomly selected students will be asked to participate in a 10-15 minute telephone interview, which is recorded to clearly capture each child’s response. Once recorded, interviews will be transcribed and then erased. All survey data and transcribed interview data will be kept in a password-protected folder on my computer. Only I will have the password.

While I collect children’s names on surveys, individual data is kept strictly confidential. Once the surveys have been completed, a number immediately replaces names and only I will have the master key to connect number to participant. Group results will be reported; however, if I quote any child’s responses in research articles or presentations, I will substitute a fictitious name to ensure confidentiality. No personally identifiable details for any child are made known.

You may be present while your child completes the online survey and, if selected, at the audio-recorded interview. The result of this research should help teachers, librarians and parents better support children’s inventive thinking activities and will help researchers identify additional research needs. These study results, when implemented, could positively impact every child’s academic career, particularly those like your young innovator, by better meeting their needs.

Participating in the study may create some risk to some children, in that some may feel slight anxiety about completing the survey or being interviewed. We minimize this risk by encouraging occasional breaks throughout the process, or simply by allowing the student to stop the survey or interview completely at any time. There is no penalty to anyone if you decline permission to take part in this research, or if you or your child decides to take part in the study and then later declines participation at any time. We want your child(ren) to be comfortable, and openly share their thoughts, experiences, and wishes related to their innovation activities.

If you agree to allow your child(ren) to participate, please complete the enclosed consent form, and return to me either by U.S. mail at the address below or by fax at 315-443-6886 or you may scan and email it to druth@syr.edu no later than Aug. 15, 2013. Once you submit the consent form, you may give this url <https://www.surveymonkey.com/s/GQJRCLH> to your child to participate in the survey. If your child is selected for interview, I’ll contact you by phone or email. If you have any questions, concerns, or complaints about the research, contact Dr. Ruth Small at druth@syr.edu or 315-443-4511. If you have any questions about your child(ren)’s rights as a research participant, if you have questions, concerns, or complaints that you wish to address to someone other than the investigator, or if you cannot reach the investigator, contact the Syracuse University Institutional Review Board at 315-443-3013. Thank you so much.
The Motivation, Information and Inquiry Needs of Young Inventors

Parental Consent Form

If you consent, please sign, date, and provide your phone number on this form and return it to Dr. Ruth Small either by faxing (315-443-6886), scanning and emailing to me at drruth@syr.edu, or sending via U.S. mail (Dr. Ruth Small, Syracuse University, 105 Hinds Hall, Syracuse, NY 13244-4100) no later than Aug. 15, 2013. Also, please make a copy of this consent form for your records.

All of my questions have been answered, I am 18 years or older, and I wish to allow my child(ren) to participate in this research study. I have made a copy of this consent form for my records.

If you consent to having your child participate in the survey, please check the statement below.

___ I agree to allow my child(ren) to participate in the online survey of this research study.

Please PRINT the names of your eligible child(ren) here:

______________________________________________________________________________________________

If you consent to having your child participate, if selected, in the telephone interview, please check the statement below:

___ I agree to allow my child(ren) to participate, if selected, in the audio-recorded interview for this research study.

Please PRINT the names of your eligible child(ren) here:

________________________________________________________________________________________

If you have consented to one or more of the statements above, please sign and date in the space provided below. Once we receive this signed and dated this form and sent it to us, you may direct your child(ren) to access the online survey at https://www.surveymonkey.com/s/GQJRCLH.

NOTE: This survey must be completed in one sitting, pushing DONE when completed.

_____________________________________________________________________________________________
Signature of Parent

_____________________________________________________________________________________________
Printed Name of Parent

_____________________________________________________________________________________________
Email address (if available)

_____________________________________________________________________________________________
Phone # (area code + number)

THE CONTACT INFORMATION ABOVE WILL BE USED TO SEND YOU THE WEB ADDRESS OF THE SURVEY.

THANK YOU.

_____________________________________________________________________________________________
Signature of Researcher

_____________________________________________________________________________________________
Date

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