Project Title: Assessing the effects of a week long philosophy camp on 6th-12th grade students

**You are invited to take part in a research study being conducted by Claire Katz, a researcher from Texas A&M University. The information in this form is provided to help you decide whether or not to take part. If you decide to take part in the study, you will be asked to sign this consent form. If you decide you do not want to participate, there will be no penalty to you, and you will not lose any benefits you normally would have. You may choose to withdraw from the study at any time without penalty. NOTE: If you are employed then it is your responsibility to work with your employer regarding work leave for participation in this study if during work hours.**

**For more information please contact Claire Katz at:** ckatz@tamu.edu

**Why Is This Study Being Done?**

The purpose of this study is to determine the short and long term intellectual effects of the philosophy summer camp on 6th through 12th grade students. We hope to learn if exposure to philosophy and philosophical thinking, for even a short time such as one week, can have both an immediate and long-term positive impact.

**Why Am I Being Asked To Be In This Study?**

You are being asked to be in this study because you are a participant in the Philosophy Summer Camp for Teens and Tweens.

**How Many People Will Be Asked To Be In This Study?**

All summer camp participants will be invited to participate in this study locally. Overall, a total of 75 people will be invited.

**What Are the Alternatives to being in this study?**

The alternative to being in the study is not to participate in the study. This will not change your summer camp participation or any activities in which you can participate.

**What Will I Be Asked To Do In This Study?**

You will be asked to participate in the regular activities of the summer camp, including the pre and post camp questionnaires and surveys. Your participation in this study will last up to one week for the camp, two weeks following the camp to complete the survey, and then several follow up questions once a year until you turn twenty-one. You can opt out at any time.

You may be removed from the study by the investigator for these reasons:

* If you leave the summer camp—voluntarily or involuntarily--before the end of the week.

**Will Photos, Video or Audio Recordings Be Made Of Me during the Study?**

**No.**

**Are There Any Risks To Me?**

The things that you will be doing are no greater than risks than you would come across in everyday life.

Although the researchers have tried to avoid risks, you may feel that some questions/procedures that are asked of you will be stressful or upsetting. You do not have to answer anything you do not want to.

**Are There Any Benefits To Me?**

There are no direct benefits from participating in the study, which is not to be confused with participating in the summer camp.

**Will There Be Any Costs To Me?**

Aside from your time, there are no costs for taking part in the study.

**Will I Be Paid To Be In This Study?**

You will not be paid for being in this study.

**Will Information From This Study Be Kept Private?**

The records of this study will be kept private. No identifiers linking you to this study will be included in any sort of report that might be published. Research records will be stored securely and only Claire Katz (and participating faculty and graduate students) will have access to the records.

Information about you will be stored in a locked file cabinet (if in hard copy); computer files (if in digital form) protected with a password. This consent form will be filed securely in an official area.

People who have access to your information include the Principal Investigator and research study personnel. Representatives of regulatory agenciessuch as the Office of Human Research Protections (OHRP) and entities such as the Texas A&M University Human Research Protection Program may access your records to make sure the study is being run correctly and that information is collected properly.

Information about you and related to this study will be kept confidential to the extent permitted or required by law.

**Who may I Contact for More Information?**

You may contact the Principal Investigator, Claire Katz, PhD, to tell her about a concern or complaint about this research at 979-845-5660 or ckatz@tamu.edu

For questions about your rights as a research participant, to provide input regarding research, or if you have questions, complaints, or concerns about the research, you may call the Texas A&M University Human Research Protection Program (HRPP) by phone at 1-979-458-4067, toll free at 1-855-795-8636, or by email at irb@tamu.edu. The informed consent form and all study materials should include the IRB number, approval date, and expiration date. Please contact the HRPP if they do not.

**What if I Change My Mind About Participating?**

Your participation in this research is voluntary, and you have the choice whether or not to be in this research study. You may decide not to begin or to stop participating at any time. If you choose not to be in this study or stop being in the study, there will be no effect on your academic standing as a student, medical care, employment, evaluation, relationship with Texas A&M University, etc.

**STATEMENT OF CONSENT**

**I agree to be in this study and know that I am not giving up any legal rights by signing this form. The procedures, risks, and benefits have been explained to me, and my questions have been answered. I know that new information about this research study will be provided to me as it becomes available and that the researcher will tell me if I must be removed from the study. I can ask more questions if I want, (if applicable) and I can still receive services if I stop participating in this study. A copy of this entire consent form will be given to me.**

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Participant’s Signature Date

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Printed Name Date

**INVESTIGATOR'S AFFIDAVIT**:

Either I have or my agent has carefully explained to the participant the nature of the above project. I hereby certify that to the best of my knowledge the person who signed this consent form was informed of the nature, demands, benefits, and risks involved in his/her participation.

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Signature of Presenter Date

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Printed Name Date