

A National Study of Standard-Based Physical Education
Informed Consent Form of Parents

Purpose:

I _____ (please print), agree to

allow my child _____ (please print) to participate in a study entitled "A National Study of Standard-Based Physical Education," organized by the National Association for Sport and Physical Education (NASPE) and data managed by Northern Illinois University and the University of Illinois. The purposes of this study are to develop a set of assessment tools to help improve school physical education (PE) programs.

Procedure:

I understand that in this study my child will perform 1 cognitive test measuring either NASPE Standards 2, 3/4, or 5/6. (Understanding of Movement Concepts, Principles, Strategies and Tactics; Achieves and Maintains a Healthy level of Physical Fitness and participates regularly in Physical Activities; and Exhibits responsible personal and social behaviors that respects the rights of self and others and values physical activity.) Tests range from 30 to 40 questions. My child will put his or her name on the cover sheet, and on the answer sheet. Once the test is complete, the cover sheet will be separated from the answer sheet for data entry. My child's name will not be entered in the test analysis. No attempt will be made to connect my child with his or her answers or performance on the test. Data will be kept totally anonymous.

The test(s) will be administered by my child's physical education (PE) teacher in normal school PE settings.

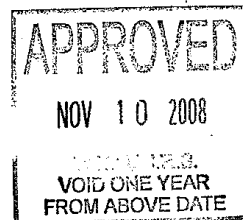
Risk:

There is very low risk of injury associated with participation in a paper and pencil test. I have been informed that information collected from this test is confidential and will not be used to evaluate my child in any way.

Benefits:

Potential benefits expected as a result of my child's participation have been explained to me. I understand that this study will help develop a set of valid and reliable assessment tools so that the quality of physical education programs nationwide can be evaluated and major factors that may have an impact on children's physical development can be determined.

Compensation:



Neither my child nor I will be paid for our participation in this study. In the unlikely event of any injury resulting from this research, neither NASPE nor UIUC will offer reimbursement, compensation or free medical treatment.

Voluntary Participation/Withdrawal:

My child and I may withdraw from this project at any time, without penalty. I understand that I may contact the following individuals if I have any question regarding this study:

- Charlene R. Burgeson, Executive Director, NASPE; Phone: (703) 476-3410 and E-mail: cburgeson@aahperd.org
- Dr. Weimo Zhu at UIUC, Phone: (217) 333-7503 and E-mail: weimozhu@uiuc.edu
- Dr. Judith H Placek, Professor Emerita, University of Massachusetts, Phone: (508) 429-2069, E-mail: jhp144@verizon.net
- Dr. Connie Fox at Northern Illinois University; Phone 815-753-6360 and E-mail: cfox@niu.edu
- Dr. Marybell Avery, at Lincoln Public Schools, phone: 402.436.1812 and Email: mavery@lps.org

I can also contact the Office of Research Compliance at NIU at 815-753-8588, for answers to additional questions I may have concerning the study, my rights, my child's rights.

Confidentiality:

The information obtained in this study will be treated as confidential and will not be released to any person without my expressed written consent. The information obtained from this study may be used for statistical or scientific purpose with my right of privacy upheld. My child will not be identified in any way. I have read, or have had read to me, all of the above information about this research study, including the research procedure, possible risks, and the likelihood of any benefits to my child. The content and questions have been answered. I hereby consent and voluntarily offer to follow the study requirements and take part in the study. I will receive a signed copy of this form.

Signature

Date

