

BJU PRESS

INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Project Title: BJA Evaluation Phase (Core 9th-Grade Classes)

The purpose of the BJA Evaluation Phase research project is to study a model of instruction that involves what is called “flipped” lessons. In this model of instruction, the student watches lectures online at home and then works with the teacher on practice and application of concepts during the class hour. In this research project, iPads will be used to enable students to more easily watch lectures at home, take quizzes online during class and use other features on the iPad to enhance their learning. Ideally, a student will have wireless high-speed Internet access at home in order to conveniently watch the at-home lectures and access other available content via the iPad.

This research project will be conducted for the duration of the 2013–2014 school year and involves all students who are enrolled in at least one of the following courses: Algebra I, English 9, Physical Science, World Geography, World History.

At no charge to the parent or student, BJU Press will provide an iPad for each student in the project. A parent may instead elect to have his student use a personally owned and managed iPad. The parent will be wholly responsible for costs related to Internet access at home and to a personally owned iPad.

Confidentiality

Student confidentiality is protected in this project. Information included in published reports will not include identifying information unless the parent gives specific permission to do so. Information may be shared with representatives of Bob Jones Academy or Bob Jones University or, if required by law, with governmental authorities.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

Your name will not be linked with you or your student’s participation unless you specifically agree to be identified. Please select one of the following options regarding interviews or comments that you and/or your student make regarding the study.

____ I and/or my student may be quoted directly.

____ I and/or my student may be quoted anonymously.

____ I and/or my student may not be quoted.

Audio Recording of Study Activities

To assist with accurate recording of student responses, interviews may be recorded on an audio recording device. Please select one of the following options:

I consent to audio recording of my student. Yes No

Video Recording of Study Activities

To assist with accurate recording of student responses, interviews may be recorded on a video recording device. Please select one of the following options:

I consent to video recording of my student. Yes No

Photographing of Study Participants/Activities

In order to preserve images related to the research, photographs may be taken of participants. Please select one of the following options:

I consent to the photographing of my student. Yes No

Statement of Consent

I have read the above information and consent for my student's data to be collected and analyzed.

Parent Signature

Date

Student Name (please print)

You will be given a copy of this information to keep for your records.

For questions or concerns, please contact

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