

## Informed Consent for Parents & Guardians

### **Study Title:** Musical Engagement with Technology in Ensemble and Hybrid Settings

Dear Parent:

I am a professor in the Music Education Department of the School of Music at Arizona State University. I am conducting a research study to learn more about youth perspectives on projects and activities that will be part of “music learning playlists” designed to help people learn about music. I am inviting your child's participation, which will involve trying out the activities and projects via an online interface at school or in a community music program that your child is involved with. Your child may engage with the activities and projects at home if you wish as well.

Your child will be asked to fill out a survey to provide their perspectives on the music learning playlist activities and projects. Your child might also be asked to keep reflective journals while engaging with the music learning playlists, which will be collected as study materials. Your child might also be asked to discuss their engagement with and perspectives on the music learning playlists with their peers and music teacher/mentor. Some examples of work with the activities and projects such as original music or answers to questions on the learning playlist would also be shared with Dr. Tobias. Your child might also be invited to create short video logs (vlogs) to share their perspectives on the music learning playlists. If you provide permission for this aspect of the study, the videos would be shared with Dr. Tobias as “private” via YouTube. Your child can participate without creating the vlogs if you wish.

Your child would participate for the duration of the project which will take place approximately 3 - 6 times until May, 2017.

Your child's participation in this study is voluntary. If you choose not to have your child participate or to withdraw your child from the study at any time, there will be no penalty. It will not factor in their class grade or standing in the community music program. If you choose not to have your child participate in the study, they can still participate in the project without having any of their perspectives shared for the research. Likewise, if your child chooses not to participate or to withdraw from the study at any time, there will be no penalty.

Your child's name will never be used in any aspect of this research. The results of the research study may be published, but your child's name will not be used. Although there may be no direct benefit to your child, the possible benefit of your child's participation is the possibility of learning and developing skills and knowledge related to the music learning playlists. There are no foreseeable risks or discomforts to your child's participation.

The results of this study may be used in reports, presentations, or publications but to protect your child's confidentiality, your child's name will not be used. Fake names will be used in any publications. If we use vlogs in presentations or resources, we will make sure that your child's name is not heard or used in a description of the video. Responses in any interviews will be anonymous.

If you have any questions concerning the research study or your child's participation in this study, please call me at 480-965-5193.

This study has been reviewed and approved by the Arizona State University Institutional Review Board. If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 965-6788.

Sincerely,  
Dr. Evan Tobias

By signing below, you are giving consent for your child \_\_\_\_\_ (Child's name) to participate in the above study.

\_\_\_\_\_  
Sign your Name Here                      Print your Name Here                      Date

By signing below, you also give consent for your child to create video logs during the study and for the video logs to be used during presentations and for educational purposes.

\_\_\_\_\_  
Sign your Name Here                      Print your Name Here                      Date

Signature of investigator \_\_\_\_\_