

**TEACHER’S RESEARCH CONSENT FORM**

**Project Title:** Curriculum to Broaden Participation in Cybersecurity for Middle School Teachers and Students  
**Principal Investigator:** Lori Scarlatos, PhD  
**Co-Investigators:** none

**Department**: Technology and Society

**You are being asked to be a volunteer in a research study.**

**PURPOSE**

**The purpose of this study is:**

The Cybersecurity Workshop is part of a research study in which we are developing a curriculum and resources for giving middle school technology teachers the knowledge, skills, and tools they need to teach cybersecurity. This effort has the following aims. 1) Integrate recent research-based understanding of cybersecurity into a curriculum that is accessible to middle school students and their teachers. 2) Encourage participation of a broad and diverse set of students to the field of cybersecurity by showing them how human relations play an important role in cybersecurity. 3) Identify what teachers need to be successful with teaching cybersecurity in a middle school classroom and, based on this, develop guidelines and resources for disseminating this teacher instruction widely.

We plan to enroll 36 teachers as subjects on this study.

**PROCEDURES**

**If you decide to be in this study, your part will involve:**

* Participating in the workshop. This will involve:
  + Attending and participating in all 15 days of our summer workshop, meeting M-F for 3 weeks, 4 hours per day (10:30 AM to 3:30 PM EST with one-hour lunch break) virtually using Zoom.
  + Filling out surveys during the workshop, to be used for the study. These surveys will record demographics, measure learning, and gauge satisfaction with the workshop.
  + Maintaining a "journey map" by filling out a form at the end of each workshop day. This will serve as a history of your experience.
  + Agreeing to be recorded during lectures, round-table discussions and making your final presentation. Recordings of discussions are solely for research purposes and will not be seen by anyone outside of the research team. Lecture and presentation recordings will be shared with other workshop participants.
* Implementing the lesson plan that you created (during the workshop) in your regular classroom, to teach your students about cybersecurity. This will involve:
  + Giving your students a quiz (which we provide) to measure understanding of cybersecurity at the beginning and end of the unit.
  + Talking with students about cybersecurity careers (using a script which we will also provide) and taking notes regarding their responses (without recording names).
  + Maintaining a "journey map" by filling out a form at the end of each day you are teaching the unit. This will serve as a history of your experience.
  + Sharing results of your teaching experience with the research team and other teachers in a subsequent half-day workshop. Data to be shared include anonymous test results, notes from the career talk, anonymized examples of student work, and your own reflections on teaching cybersecurity.

**RISKS / DISCOMFORTS**

**The following risks/discomforts may occur as a result of you being in this study:**

* There are no foreseen risks to participating.

**BENEFITS**

The following benefits may occur as a result of being in this study:

* You will learn about cybersecurity and develop materials for teaching your own students.
* You may be invited back to serve as a paid mentor to teachers in the subsequent workshop.

**PAYMENT TO YOU**

* If you complete this 15-day workshop, you will receive a $1000 stipend. No stipend will be given if you drop out before the end.
* If you deliver your lessons to your class, collect data regarding their learning, and then share the results at a subsequent half-day workshop, you will receive an additional $300 stipend.

**CREDIT TO YOU**

* You will receive Continuing Teacher and Leader Education (CTLE) credits.

**CONFIDENTIALITY**

We will take steps to help make sure that all the information we get about you is kept confidential. Your name will not be used wherever possible. We will use a code instead. All the study data that we get from you will be kept locked up. The code will be locked up too. If any papers and talks are given about this research, your name will not be used. Videotapes of discussions will be kept in the PI's locked cabinet, and will be destroyed at the conclusion of the study.

The only exception to this are materials and thoughts that you elect to share with the other workshop participants. This will include a video recording of your presentation at the end of the workshop.

\_\_  I am a U.S. Citizen or Resident Alien. If paid $600 or more a year as a research subject, your social security number and amount paid will be reported to those in charge of taxes (IRS) by the Research Foundation and you may have to pay taxes on this money.

\_\_  I am a Nonresident Alien. For tax purposes, all payments made to you must be done through the Research Foundation and are subject to a 30% tax withholding. All withholdings and payments will be reported to those in charge of taxes (IRS) by the Research Foundation.

**COSTS TO YOU**

* The only foreseeable costs to you are getting yourself to the University and possibly parking there. You will also need to bring or buy your own lunch.

**ALTERNATIVES**

* Your alternative to being in this study is to simply not participate.

**IN CASE OF INJURY**

If you are injured as a result of being in this study, please contact Dr. Lori Scarlatos at telephone # 631-632-8761. The services of Stony Brook University Hospital will be open to you in case of such injury.

**YOUR RIGHTS AS A RESEARCH SUBJECT**

* Your participation in this study is voluntary. You do not have to be in this study if you don't want to be.
* You have the right to change your mind and leave the study at any time without giving any reason, and without penalty.
* Any new information that may make you change your mind about being in this study will be given to you.
* You will get a copy of this consent form to keep.
* You do not lose any of your legal rights by signing this consent form.

**QUESTIONS ABOUT THE STUDY OR YOUR RIGHTS AS A RESEARCH SUBJECT**

* If you have any questions, concerns, or complaints about the study, you may contact Dr. Lori Scarlatos at telephone # 631-632-8761.
* If you have any questions about your rights as a research subject or if you would like to obtain information or offer input, you may contact the Stony Brook University Research Subject Advocate, Ms. Lu-Ann Kozlowski, BSN, RN, (631) 632-9036, OR by e-mail, lu-ann.kozlowski@stonybrook.edu
* Visit Stony Brook University’s Community Outreach page, <http://research.stonybrook.edu/orc/community.shtml#overview-of-volunteering-in-research> for more information about participating in research, frequently asked questions, and an opportunity to provide feedback, comments, or ask questions related to your experience as a research subject.

If you sign below, it means that you have read (or have had read to you) the information given in this consent form, and you would like to be a volunteer in this study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject Name (Printed) Subject Signature Date Time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Obtaining Consent Signature of Person Obtaining      Date Time

(printed) Consent

Send a signed copy via email:

TO:  [nataliia.telendii@stonybrook.edu](mailto:nataliia.telendii@stonybrook.edu)

SUBJECT: CyberMISTS Application