



Consent to Participate in a Research Study

KEY INFORMATION FOR PHYSICAL ACTIVITY PREFERENCE, PARTICIPATION, AND COGNITIVE ABILITY IN MIDDLE SCHOOL:

We are asking you to permit your child to volunteer for a research study about physical activity preferences in physical education and how they impact their cognitive abilities. We are asking your child because they are a middle school-aged student who has a regularly scheduled physical education class that introduces many different activities. This page is to give you and your child key information to help everyone decide whether to participate. We have included detailed information after this page. Ask the research team questions. If you have questions later, the contact information for the research investigator in charge of the study is below.

WHAT IS THE STUDY ABOUT AND HOW LONG WILL IT LAST?

By doing this study, we hope to learn which activities are preferred by middle school aged children and how they impact cognition. Your child's participation in this research will last no longer than the students' regularly scheduled physical education class and may lead to improvements in the curriculum targeted toward more physical activity.

WHAT ARE KEY REASONS YOUR CHILD MIGHT CHOOSE TO VOLUNTEER FOR THIS STUDY?

The biggest benefit of the study will be determining the activity preferences of middle school aged students and whether it improves cognition. With this newfound information, the curriculum may be adjusted to better suit students' preferences and raise the level of activity. As schools are still reeling from the effects of COVID- 19, hope is alleviating the concerns of middle school aged students who lack physical activity.

WHAT ARE KEY REASONS YOUR CHILD MIGHT CHOOSE NOT TO VOLUNTEER FOR THIS STUDY?

A student may not want to participate in the present study if they are content with the school's physical education curriculum, their level of physical activity, not interested in improving either, lack of motivation, cognition, family, or priorities outside of being physically active

DOES YOUR CHILD HAVE TO TAKE PART IN THE STUDY?

If the child is given consent to take part in the study, it should be because you and your child wants to volunteer and/or they want to participate. They will not lose any services, benefits, or rights they would normally have if you chose not to have your child volunteer. A student, if they decide not to take part in this study, their choice will have no effect on their academic status or class grade(s).

WHAT IF YOU OR YOUR CHILD HAVE QUESTIONS, SUGGESTIONS, OR CONCERNS?

If you have questions, suggestions, or concerns regarding this study or if you or your child want to withdraw from the study contact Dr. Heather Erwin of the University of Kentucky, Department of Kinesiology and Health Promotion at herwi2@uky.edu.

If you have any concerns or questions about your rights as a volunteer in this research, contact staff in the University of Kentucky (UK) Office of Research Integrity (ORI) between the business hours of 8 am and 5 pm EST, Monday-Friday at 859-257-9428 or toll free at 1-866-400-9428

DETAILED CONSENT:

ARE THERE REASONS WHY YOUR CHILD WOULD NOT QUALIFY FOR THIS STUDY?

All students who present the day of the study with the correct consent form from a guardian will be eligible to participate in the present study.

WHERE WILL THE STUDY TAKE PLACE AND WHAT IS THE TOTAL AMOUNT OF TIME INVOLVED?

The research procedures will be conducted in the students regularly held physical education classes classroom/gymnasium. The surveys will take around twenty minutes to complete and then be handed over to Fabian Correia. The students will then go about their regularly scheduled PE class for the day once everyone is finished. A random select group of students may take part in an additional survey to test the impact of exercise on cognitive abilities. This survey will take around ten minutes to complete and will be done online.

WHAT WILL YOUR CHILD BE ASKED TO DO?

Students will complete the Physical Education Attitude Scale (PEAS) to the best of their ability. Answering the statements as honestly as possible. Following this, students will also complete a rating scale for the activities that they currently have in their Physical Education class. Students will also be asked to rank their favorite activities to do while being physically active. 5 being the favorite and 1 being the least favorite. If they wish, they may include the reason behind each activity's ranking.

A random select group of students will complete a survey that includes three tests: the Stroop Task, the Eriksen Flanker, and the Go/No Go Test. They will complete this survey once before their regularly scheduled PE class, once after a PE class involving aerobic exercise, and once after a PE class involving anaerobic exercise. The survey will be completed on the student's personal electronic device.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

There is little to no risk in conducting the present study. If a student experiences any type of discomfort the student will be allowed to stop completing the survey, submit it as is, or not give in their survey data.

WILL YOUR CHILD BENEFIT FROM TAKING PART IN THIS STUDY?

We do not know if your child will get any benefit from taking part in this study. However, some people have experienced improved levels of physical activity when reading through a list of potential activities on the survey. However, if they take part in this study, the information learned may help others.

IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to be in the study, there are no other choices except not to take part in the study.

WHAT WILL IT COST YOUR CHILD TO PARTICIPATE?

There are no costs associated with taking part in this study.

WHO WILL SEE THE INFORMATION THAT YOUR CHILD GIVES?

Your child's response to the survey is anonymous which means no names, or any other identifiable information will be collected with the survey responses. We will not know which responses are your child's if they choose to participate.

We will make every effort to prevent anyone who is not on the research team from knowing what information we gave us information, or what that information is. Data will be stored on the survey conductors' private and personal laptop. There will be no identifiers for the participants in the present study. All paper copies of surveys will be stored in a private filing cabinet.

CAN YOU CHOOSE TO WITHDRAW YOUR CHILD FROM STUDY EARLY?

Your child can choose to leave the study at any time. The student will not be treated differently if they decide to stop taking part in the study.

If your child chooses to leave the study early, data collected until that point will remain in the study database and may not be removed.

The investigators conducting the study may need to remove you from the study. This may occur for several reasons. Your child may be removed from the study if:

- They are not able to follow the directions or are disruptive,
- We find that their participation in the study is more risk than benefit to your child

WILL YOUR CHILD RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You nor your child will not receive any rewards or payment for taking part in the study.

WILL YOU BE GIVEN INDIVIDUAL RESULTS FROM THE RESEARCH TESTS/SURVEYS?

Generally, tests/surveys done for research purposes are not meant to provide results that apply to your child alone.

WHAT ELSE DO YOU NEED TO KNOW?

If your child volunteers to take part in this study, they will be one of about 500 people to do so. There may be other people on the research team assisting at different times during the study.

WILL YOUR CHILD'S INFORMATION BE USED FOR FUTURE RESEARCH?

No identifying information will be involved in the present study. The information or samples collected in this study may be used in future research, however with no identifiable data. The information or samples may be used for future research or shared with other researchers without your additional informed consent.

**INFORMED CONSENT
SIGNATURES**

You are the subject or are authorized to act on behalf of the subject. You will receive a copy of this consent form after it has been signed.

Signature of research subject *or, if applicable,*
parent or guardian

Date

Printed name of research subject *or, if applicable,*
parent or guardian

Name of child

Date

**Printed name of research subject's legal representative*

**If applicable, please explain Representative's relationship to subject and include a description of representative's authority to act on behalf of subject:*

 Printed name of [authorized] person obtaining informed consent
 and HIPAA authorization

 Date