

Title of Study: *The impacts of Candid Critters in middle school classrooms on the attitudes of children towards wildlife*

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Dear Parent/Guardian:

I am researcher with the North Carolina Museum of Natural Sciences and NC State University working on a project studying how middle school students perceive wildlife. I am interested in assessing if and Candid Critters, a research project that uses camera traps to study mammals, impacts children's knowledge of and attitudes towards wildlife. In order to complete my research goals, I am requesting consent for your child to participate in this study. Participating would involve your child taking two 20-minute online surveys during the school day about 4 weeks apart. Questions are designed to gather information on students' views towards common wildlife species in North Carolina and demographic information including their age, gender, and ethnic background. Your child's identity will be kept strictly confidential.

Please discuss this decision with your child. If either you or your child decides that he/she should not participate in the study, he or she will not be given any of the survey materials we distribute to the rest of the class. While others are taking the survey, your child will participate in an alternate activity chosen by your child's teacher. Students who do not wish to participate in the study will not be penalized. Students will not be given a grade for participating or choosing not to participate in the study. I do not anticipate any risks to your child from participating in this study. Participation in this study is completely voluntary and there is no penalty for declining to participate. You are free to withdraw your child from the study at any time. In addition, students who do not wish to participate will not be included in the research.

To indicate whether or not you want your child to participate in this survey, please: (1) check the appropriate box below; (2), fill-in, sign and date the bottom portion; and (3) have your child return this form to his or her teacher. If you have questions, please call me at 919-707-8088. At any point you feel your rights have been violated by this study, please contact the Institutional Review Board at NCSU at 919-515-4515.

- My child has permission to participate in the survey.
- I do not want my child or ward to participate in the survey.

Printed Child's Name: _____ Child's Approval Signature: _____

Parent/Guardian Approval: _____
Signature Consent Date:

Thank you,



Stephanie Schuttler, Ph.D.