

FACULTY OF EDUCATION

May 5, 2003

Consent Form

I, _____, consent to participate in the research project, *Teaching as Embodied Engagement: Links Between Teacher Life History, Identity and Place-Based Environmental Education*, being conducted by M.J. Barrett in the context of her PhD work. The purpose of the study is to understand the beliefs, motivations and life experiences of teachers of outdoor/environmental programs. Although it is the program's teacher(s) who are the focus of the study, my perceptions of what is valued in the program will provide important contributions to the research.

My participation in this research will include conversational interviews, participation in normal class activities in which M.J. will be involved, focus group discussions with other students and giving permission for M.J. to read my assignments. I understand that some of these activities/assignments may be photocopied, photographed, audio- or video-taped and transcribed for analysis.

I understand that I am in no way obligated to participate in this research project and that choosing not to take part will not jeopardize me in any way. I am free to withdraw from the study at any time and if there are any topics I do not feel comfortable discussing, I do not need to talk about them and can have any reference to them removed. Throughout the study, I will attempt to maintain the confidentiality of other class members and understand that pseudonyms will be used in the research report. I further understand that I may ask questions regarding the procedures and goals of the study at any time before or during participation in the project. Finally, I understand that confidentiality is limited should I disclose any activities of an illegal nature (e.g. child abuse) that M.J. would be obligated to report.

Permission to use photographs and video footage:

In the space below, I have indicated whether or not photographs or video-recordings of me and my schoolwork may be used for professional presentations. Names will not be used in association with the images.

Please check one: I (do /do not) give permission for **photographs** of me and my schoolwork to be used for professional presentations.

Please check one: I (do /do not) give permission for **video recordings** of my me and my schoolwork to be used for professional presentations.

This project was approved by the Research Ethics Board, University of Regina. If the research subjects have any questions or concerns about their rights or treatment as subjects, they may contact the Chair of the Research Ethics Board at 585-4775 or by e-mail: research.ethics@uregina.ca.

This signature acknowledges that I have received a copy of this form for my personal records.

Parent/guardian Signature

Date

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