

Information Letter, Informed Consent and Contact Information for Children

May 30, 2003

Dear Parent(s) or Guardian(s):

The following letter and consent form are to inform you of a study we wish to conduct with your child during their physical education class and to ask your permission for him or her to participate in the study. The title for this study is called: *Examining children's quality of experience in PlaySport*.

I am an Assistant Professor within the Department of Physical Education and Kinesiology at Brock University. I am also working with Joanna Sheppard who is a graduate student at Brock University. Together, our research interests pertain to ways to facilitate children's intrinsic motivation. We are interested in this area because we feel that if we can better understand how to motivate children, they will enjoy themselves and reap the many benefits of participating in physical activity programs. Together with the Ontario Health and Physical Education Association (OPHEA), we have been asked to find out what the participants think of a new physical activity program called PlaySport. This is a games program that exposes children to a number of developmentally appropriate activities intended to develop the skills, knowledge, and motivation to be active in a number of sports.

If you wish your child to participate in the study, your child will be asked to tell us a little bit about him/herself at the beginning of the PlaySport program and again at the end of the program. This program is being delivered in your child's physical education class by his/her physical education teachers. This questionnaire asks children to identify their gender, age, past experience in sports, their intentions to be active, their level of physical activity, and how they feel about themselves when they are active and around other children. A copy of this questionnaire is available for you to preview on the PlaySport website (www.pec.brocku.ca/~jmandigo/PlaySport.htm). Immediately following 5 games, participants will be asked to rate how enjoyable the activity was, how competent they felt and how challenged they were. This post-activity questionnaire takes approximately 5 minutes each time to complete and is also available on the PlaySport website for you to preview. You may also contact myself if you would like a copy of either questionnaire sent to you.

Participation in the research project is voluntary and children do not have to participate in the research project if they choose not to. Participation in the physical education class is still mandatory. The data collected as part of the research study will not be used to evaluate participants in any way. In order to ensure anonymity, personal information will be coded with a number and stored in a locked office to which only those helping to collect data will have access. Any presentation or publication resulting from this study will not contain any identifiable information regarding your child. Only those researchers assigned to this study will have access to the data.

This study has been reviewed and received approval from the Ethics Review Committee of Brock University. Should you allow your child to participate, you and/or your child will have the option of withdrawing from the study at any time for any reason without consequence. Simply inform one of the researchers, teachers, or principal that you wish to withdraw from the study and your information will be removed upon your request. As well, your child has the right to not answer any question or to participate in any aspect of this project that you or your child consider invasive, offensive or inappropriate. Participation in school physical education, however, is still mandatory.

If you have any questions or concerns about this request, please contact Dr. James Mandigo (905) 688-5550, ext. 4789, or email (jmandigo@arnie.pec.brocku.ca) at Brock University. If you wish to talk to someone not involved in this study, you may contact the Director of the Office of Research Services (905-688-5550, ext. 4315).

Your written consent is needed to work with your child. To indicate your consent, please complete the enclosed CONSENT FORM and return it to your child's homeroom teacher. As well, if you wish to receive a summary of the results, please complete and return the attached: Request for Summary of Results sheet. Thank you for your time and consideration.

Sincerely,

James Mandigo, Ph.D.

**BROCK UNIVERSITY DEPARTMENT OF PHYSICAL EDUCATION AND KINESIOLOGY
Informed Consent Form**

TITLE: *Examining children's quality of experience in PlaySport*

Principal Investigator: Dr. James Mandigo, Brock University

- ◆ During this study, your child will be asked to complete a pre-study questionnaire and a post-study questionnaire that asks them to rate their level of physical activity involvement, enjoyment, and confidence in physical activity and interaction with other children. Your child will then take part in various activities throughout the PlaySport program during structured physical education classes. Immediately following 5 of these lessons, they will be asked to rate their enjoyment, competence, and degree of difficulty.
- ◆ The time to complete the questionnaires in this study will be approximately 1 hour and the study will take place over the duration of 5 PlaySport lessons.
- ◆ Given the instrumentation used to collect the information in this study (i.e., questionnaires and focus groups), the risks associated with participation revolve around the disclosure of personal or sensitive information. This may make some participants uncomfortable. If appropriate, referral to a counsellor will be provided free of charge.
- ◆ All personal data will be kept strictly confidential and that all information will be coded so that your child's name is not associated with his/her answers. Only the principal investigator and student researchers (i.e., undergraduate and graduate students) will have access to the data, which will be stored in a locked office.
- ◆ Your participation and your child's participation in this study are voluntary and you and/or your child may withdraw from the study at any time and for any reason without penalty.
- ◆ Participation in school physical education will still be mandatory.
- ◆ There will be no payment for my child's participation.
- ◆ There is no obligation for your child to answer any question/participate in any aspect of this project that you or your child consider invasive, offensive or inappropriate. Parents and participants are also welcome to view a copy of the questionnaires prior to the study before deciding to participate. These safeguards and other previously mentioned safeguards are in place to protect the psychological health of the children.

I have read and understood all relevant information pertaining to this study	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that I or my child may ask questions in the future	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to allow my child to take part in this study	Yes <input type="checkbox"/> No <input type="checkbox"/>

Printed Name of Parent/ Guardian	Signature of Parent/ Guardian	Date
Printed Name of Child	Signature of Child (Participant)	Date

- This study has been reviewed and approved by the Brock Research Ethics Board. (File #02-087)
- If you have any questions or concerns about your participation in the study, you may contact **Dr. James Mandigo** at 905-688-5550 ext. 4789 or email: jmandigo@arnie.pec.brocku.ca
- If requested, feedback about the use of the data collected will be sent to you during the month of Fall, 2003.
- Thank you for your help! Please take one copy of this form with you for further reference.

I have fully explained the procedures of this study to the above participant(s).

Researcher Signature:

Date:

Contact Information

Please check off the following and return with your signed informed consent form:

Do you wish to receive a summary of the results from this study? Yes No

If you answered yes to any of these questions, please complete this form and return it with the consent form. The follow-up questionnaire and/or a summary report will then be sent to you once all the data has been analyzed. This form will be stored in a locked office and later destroyed once the summary report has been sent to you.

Name: _____

Mailing Address:

Street, P.O. Box, Rural Route #, Apt. #, etc.

City

Province

Postal Code

OR

Email address:
