**CONSENT FOR RESEARCH** The Pennsylvania State University

**Title of Project: Project RESPECT: A Proposal to develop the Responding in Emotionally Supportive and Positive Ways in Educational Communication Skills Training program.**

**We are asking your permission to have your child participate in a research study. This form gives you information about the research.**

**Whether or not you agree is up to you. You can choose not to have your child take part. You can agree to have your child take part and later change your mind. Your decision will not be held against you.**

**Please ask questions about anything that is unclear to you and take your time to make your choice.**

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| **Principal Investigator:** | Jennifer L. Frank, PhD |
| **Address:** | Educational Psychology, Counseling and  Special Education |
|  | The Pennsylvania State University |
|  | 308 CEDAR Building |
| **Telephone Number:** | University Park, PA 16802 |
| 814-867-2865 Email: jfrank@psu.edu |

**1. Why is this research study being done?**

Your school district has elected to participate in a research study called Project RESPECT. Its purpose is to develop programs designed to promote emotionally supportive interpersonal communications and conflict resolution skills. In order to evaluate the effectiveness of this program, your school has agreed to allow Dr. Jennifer Frank of The Pennsylvania State University to distribute a survey to students and to review audio-video recordings of 2 classroom sessions.

This research is being done to complete the development and evaluation of the Respect program for use in public secondary schools.

Approximately 750 students across multiple school districts will take part in this phase of the research study.

**2. What will happen in this research study?**

The study will involve approximately 30 classrooms in Fall 2017 and Spring 2018. The classes have been selected because their teachers have agreed to participate in this program. The classroom activities that will be a part of the study will include:

(i) Audio/video recordings will be made of 2 sessions of the classes being studied, so that the research team can evaluate general classroom dynamics. The audio-video recordings will cover the entire classroom, including both teachers and students.   
(ii) completion by students of 2 computer-based questionnaires during Fall 2017 and/or Spring 2018. The total duration of this activity will be about 1 hour.

You can choose not to permit your child to participate in the study. If your child does not participate in the study, the teacher will provide alternate activities during the class sessions that are being recorded and during periods when surveys are administered. If your child does complete the surveys, he(she) does not have to answer any questions that he/she does not want to answer. If you want to give permission for your child to participate in the research study, you do not need to return this form. If you do not agree to have your child participate in the study, you must return this form to indicate that you do not grant permission for your child to participate.   
  
Whether you agree to have your child participate in the study is up to you. You can choose not to participate. You can also agree to participate and later change your mind.

**3. What are the risks and possible discomforts from being in this research study?**

There is a risk of loss of confidentiality if your information or your identity is obtained by someone other than the investigators, but precautions will be taken to prevent this from happening. The confidentiality of your electronic data created by you or by the researchers will be maintained to the degree permitted by the technology used. Absolute confidentiality cannot be guaranteed.

If you consent, your child will be asked to complete two in-class surveys that will include questions about communications and the learning environment in the classroom.

If your child feels uncomfortable with any question, he/she does not have to answer that question. Your child can stop at any time without any negative consequences.

If we conduct any further research activities for this project, we will contact you to explain them and to request your consent for your child to participate.

**4. What are the possible benefits to your child and to others from being in this research study?**

There is no guarantee that your child will benefit from this research. Your child’s participation in this research will help us understand how to create enhanced learning environments for teachers and students.  
 **5. What other options are available instead of being in this research study?**

You may decide not to permit your child to participate in this research. If you do not want your child to participate, he or she will engage in other school-related activities as directed by the teacher.

**6. How long will you take part in this research study?**

If you agree to permit your child to participate, he/she will be invited to complete 2 computer-based questionnaires in class during Fall 2017 and/or Spring 2018 about topics related to interpersonal communications and classroom dynamics. The total duration of the survey activities will be about one hour. In addition, audio/video recordings will be made of 2 regular sessions of the classes being studied. The total duration of these video recordings will be about 2-3 hours. The recordings will be completed during regular class sessions and will not entail any additional time on the part of the students.

**7. How will your privacy and confidentiality be protected if you decide to take part in this research study?**

Efforts will be made to limit the use and sharing of your child’s personal research information to people who have a need to review this information:

Your child’s name will not be included on the records of survey answers. Data will be tracked based on numbers assigned to computers or documents used for collecting data. Your child’s name will in no way be associated with the survey responses.

A list that matches your child’s name with the number assigned to the computer or documents used for data collection will be kept in a locked file cabinet in Dr. Frank’s office. We will not reveal your child’s answers to anyone outside our research group. Your child’s answers will not be shared with teachers, school administrators or you. After the survey has been completed and confidential data has been analyzed, we may share aggregate results with the School district and parents/guardians.

The audio-video recordings will be viewed only by members of the research study team and will be maintained in locked and secure password-protected files in accordance with the policies of The Pennsylvania State University for a maximum duration of six years. At the end of the study, the audio-video records will be destroyed.

Some of these records could contain information that personally identifies you. Reasonable efforts will be made to keep the personal information in your research record private. However, absolute confidentiality cannot be guaranteed.

**8. What happens to the information collected for the research?**

We will do our best to keep all data collected in this research study confidential to the extent permitted by law. Survey responses will be collected in password-protected data files that are accessible only to members of the research team and will not be associated with names of the respondents.  
  
However, it is possible that other people may find out about your child’s participation in this research study. For example, the following people/groups may check and copy records about this research:

-The Office for Human Research Protection in the U. S. Department of Health and Human Services

-The research study sponsor*,*the Institute of Educational Sciences (IES)

-The Institutional Review Board (a committee that reviews and approves research studies) and  
-The Office for Research Protections at The Pennsylvania State University.

Some of these records could contain information that personally identifies your child. Reasonable efforts will be made to keep the personal information in your research record private. However, absolute confidentiality cannot be guaranteed. .

**9. Who is paying for this research study?**

The Prevention Research Center at The Pennsylvania State University and research investigators are receiving a grant from the U.S. Department of Education to support this research.

**10. What are your rights if you take part in this research study?**

You must be 18 years of age or older to consent to have your child take part in this research study. Your decision to permit your child to take part in this research is voluntary.

▪You and your child do not have to be in this research.

▪If you choose to be in this research, you have the right to stop at any time.

▪If you decide not to be in this research or if you decide to stop at a later date, there will be no penalty or loss of benefits that you or your child would receive otherwise

**11. If you have questions or concerns about this research study, whom should you call?**

Please call the head of the research study (principal investigator), Dr. Jennifer Frank, at 814-867-2865, if you:

▪Have questions, complaints or concerns about the research.

▪Believe you may have been harmed by being in the research study, or

▪Have questions about research procedures.

You may also contact the Office for Research Protections (ORP) at (814) 865-1775,

ORProtections@psu.edu if you:

▪Have concerns or general questions about the research, or

▪Have questions regarding your rights as a person in a research study.

You may also call this number if you cannot reach the research team or wish to talk to someone else about any concerns related to the research.

**INFORMED CONSENT TO TAKE PART IN RESEARCH**

If you **AGREE**to allow your child to participate in the Project RESPECT study and to complete two individual student surveys, you do not need to return this form.

If you **DO NOT**want your child to participate in the Project RESPECT, please write your child’s name and school, check the appropriate box below, and return this this form to the research team at The Pennsylvania State University within two weeks by replying to this message.

Your child’s participation implies your voluntary consent to participate in the research. Please print a copy of this form for your records.

**Student’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print)

**Student’s School:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print)

I am the parent or guardian of the above-named child, and I am 18 years old or older.

□ **I Agree** to have my child participate in the Project Respect student surveys and the classroom audio-video recordings. (please print this form for your records).

□ **I Do Not Agree**to have my child to participate in Project RESPECT student surveys and audio-video recordings.   
  
  
  
  
  
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Signature of Parent or Guardian Date  
  
Print name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agree**to have my child participate in the Learning to Breathe student surveys (please keep this form for your records).