

ORP USE ONLY:

**The Pennsylvania State University  
Office for Research Protections**

**Approval Date: 1/20/03 (J. Mathieu)**

**Expiration Date: 12/31/03 (J. Mathieu)**

**Social Science Institutional Review Board**

## **STUDENT'S CONSENT FORM FOR A RESEARCH PROJECT**

**Title of project:** Social Responsibility and Prevention

**Persons in charge:** Constance A. Flanagan, Ph.D. & Leslie Gallay, Ph.D.  
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Students at your school are participating in this study. The purpose of the study is to understand young people's views about rights and responsibilities, especially those concerning smoking and alcohol. This study is being conducted by Penn State University. If your parents have given their permission, you may fill out a survey. But it is your choice. Before you start, please read this form so that you are aware of your rights. Sign the form if you want to fill out a survey.

We hope that the study will benefit you by giving you ideas on how you can help your friends avoid dangerous behaviors. We expect this project will support and reinforce the prevention efforts that are already underway in your school and community. We will be publishing reports that might be interesting to you on our web site.

This is a study of your opinions. It is NOT a test. There are no right or wrong answers. Your answers will have no effect on your grades at school.

Neither your teachers nor your parents nor your principal will read your answers. Your name is not attached to your opinions. We use code numbers instead of names on the surveys. In three years when the study is over, the code numbers will be destroyed.

The survey includes some questions about tobacco, drug, and alcohol use. In the case of children or teenagers, these may be considered illegal. But all information is confidential and will never be released unless subpoenaed by a court.

It will take about one class period (50 minutes) to complete the survey. You can refuse to answer any questions if you choose to and you can decide that you do not want to participate. As far as we know, there is no risk to participating in this study. You are just telling us your ideas.

You may ask us any questions today about the study and we will answer them. If you have questions later you may call us at the numbers listed at the top of this form. If you have questions about your rights as a research participant, please contact the Office for Research Protections at 814-865-1775.

I understand my rights and I want to fill out a survey.

Signature \_\_\_\_\_

I certify that the informed consent procedure has been followed, and that I have answered any questions from the participant above as fully as possible.

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Date