

**INFORMED CONSENT FORM FOR
A RESEARCH PROJECT**

The Pennsylvania State University

Title of project: Social Responsibility and Prevention

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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

Dear Colleague:

As you know, your school has agreed to participate in the study, "Social Responsibility and Prevention". This is a study of teenager's views about friendship and responsibility, especially in matters of smoking and drinking. By conducting this study we hope to understand how young people learn to be responsible for themselves and for one another.

Parents and teachers may have an influence on young people's views. So we are asking teachers to fill out a survey along with their students. You will receive a check for \$20 for taking the time to fill out the survey. It should take about 30 - 40 minutes to complete the paper and pencil survey. If you agree to participate, we will ask you to complete the survey at the same time as your students.

We hope that the study will benefit you and your students by giving you useful information on how you can help children avoid dangerous behaviors. We will be publishing reports that will be available to parents and schools and will also post information on our web site.

We will be following a panel of 5th, 8th and 10th grade students over two additional years of the study. This will mean that selected classes will be asked to complete surveys in the future. Thus you may be asked to fill out another survey in the second and third years of the study. Each time it will require about 30- 40 minutes to complete the survey and each time you will receive a check for \$20 for your time.

In order to participate in the study, students have to get their parents' consent. We are asking students to take home letters to their parents describing the study and asking for their participation. We want to make sure that students remember to give this letter to their parents and to bring it back to school. So, if most (80%) of the students from your class return these letters, the school will receive \$100 to spend on something for the class.

- This is an opinion survey. There are no right or wrong answers. You may ask any questions about the study and these questions will be answered. We have included our phone number and address at the top of this form. If you have any questions, please contact us or you can call Penn State's Office of Research Protections at 814-865-1775.. You can expect to receive a signed copy of the attached consent form for your records in about three weeks. If you have questions about your rights as a research participants, please contact the Office for Research Protections at 814-865-1775."
- Participation in the study is completely confidential. Names are not attached to the surveys. However, to link students and classrooms both teacher and student surveys will have classroom identifiers. To make sure your opinions remain confidential, this information will be kept in a locked file and only code numbers will appear on the surveys. Only the persons in charge of the study will have access to this file. After the study is completed, the code numbers will be destroyed.
- When the study is completed, we will send a general summary of the results to all participants. These summaries will be mailed to you at your school.

THIS SECTION DESCRIBES YOUR RIGHTS AS A PARTICIPANT IN THE STUDY

- Your participation is voluntary. Your students' participation is also voluntary. A student cannot participate unless a parent gives permission. Parents, students and teachers who decide to participate can skip any questions in the survey that they don't want to answer and can drop out of the study at any time.
- We do not anticipate any risks from participating in this study; that is, no risks to your physical or mental health.
- This is a confidential opinion survey. No one's names are kept with their survey. Neither parents nor teachers see the children's answers. And children do not see the parents' or teachers' answers.
- The survey includes some questions about tobacco, drug, and alcohol use. In the case of children or teenagers, smoking and drinking might be considered illegal. But all information is confidential and will never be released unless subpoenaed by a court.

If you would be willing to participate in this study, please indicate by reading the statements below and signing your name.

I understand the information given to me, and I have received answers to any questions I may have had about the research procedure. I understand and agree to the conditions of this study as described.

To the best of my knowledge and belief, I have no physical or mental illness or difficulties that would increase the risk of participation in this study. I understand that medical care is available in the event of injury resulting from research but that neither financial compensation nor free medical treatment is provided. I also understand that I am not waiving any rights that I may have against the University for injury resulting from negligence of the University or investigators.

I understand that my participation in this research is voluntary, and that I may withdraw from this study at any time. I understand that I will receive \$20 for participating in the study, and that I am entitled to no other compensation.

I am willing to participate in the study, "Social Responsibility and Prevention", as an authorized part of the education and research program of the Pennsylvania State University. I am 18 years of age or older, and I understand that I will receive a signed copy of this consent form.

Signature Date

For mailing compensation : Name: _____
 Address: _____
 City: _____
 State: _____ ZIP _____
 Email: _____

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.

Researcher's Signature Date