

CONSENT FORM
4-H STUDY OF POSITIVE YOUTH DEVELOPMENT
TUFTS UNIVERSITY
ELIOT-PEARSON DEPARTMENT OF CHILD DEVELOPMENT

Principal Investigator: Richard M. Lerner, Ph.D.
Scientific Director: Jacqueline V. Lerner, Ph.D.

PURPOSE OF STUDY

You are invited to participate in a study of the positive development of children in America. Our goal is to learn more about the kind of experiences that help children develop into healthy, productive adults.

DATA TO BE COLLECTED

Children will be asked to complete a survey that takes approximately 90 minutes. Administration of the survey will be done one time per year, for the duration of the study, and will be done at your child's school, after school program, or youth organization. Questions on the survey will ask children to tell us about their family, friends, and activities in which they are involved at school and after school. Children also will be asked about their physical development, feelings about themselves, and future goals and expectations. In addition, we will work with school and/or program administrators to obtain attendance records, achievement tests results, and grades at the end of the study.

CONFIDENTIALITY

Your and your child's identity and information will be kept confidential, except as required by law. All names and identifying information will be removed from each survey and will be replaced by a random identification number. Only members of the research team will have access to the surveys, and all information will be used for research purposes only. We only will use your address and telephone number, if you wish to provide it, to send thank-you cards and additional correspondence.

PROCEDURE

If you agree to participate, please do the following:

1. Read this Consent Form (**Pages 1 & 2**) and indicate whether or not you agree to your participation and your child's participation on the Signature Form (**Page 3**).
2. Detach the Signature Form (**Page 3**) and have your child return it to his or her school, after school program, or youth organization. Keep the Consent Form (**Pages 1 & 2**) for your records.
3. Complete the attached Parent Survey (it only takes about 5 minutes) and return it to Tufts University in the enclosed, postage-paid envelope.

RISKS

Some of the questions deal with personal topics (for example, questions about your child's health, his or her views about the future, attitudes toward health related behaviors, such as smoking and drugs). Although we would like you and your child to answer all the questions, you and your child are free to skip any question that either of you do not wish to answer.

BENEFITS

Responses provided by you and your child will help us learn more about the experiences that promote children's positive development. This kind of information is needed to create effective programs for children and national and local policies that are beneficial to children and families.

CONSENT FORM

Additional and immediate benefits:

1. You and your child may find it interesting or helpful to express your experiences and opinions.
2. After completing the survey, your child will receive a small gift as a thank you for helping with this study. Your child will also be entered into a raffle to win a bigger prize.
3. Findings from this study, which **will not include** individual details about your child, will be made available to you and your child's school or program.

CONTACT INFORMATION

If you have any questions, please feel free to contact or Maria Mallon at (617) 627-4624 or Lisa Mills at (617) 627-6729.

PARENT CONSENT STATEMENT

I understand that participation in this study is voluntary. I understand that my child and I may refuse to participate in this study. I also understand that if, for any reason, I/my child wishes to discontinue participation in this study at any time, I/my child will be free to do so, without any negative consequences. I have been fully informed of the above-described study with its risks and benefits, and I hereby consent that I and my child participate(s) in this research. I have received a signed copy of this consent form. I consent to participate in the described research. I, also, give permission for my child's current and subsequent participation in the study and for the information already collected about my child in the past to be used by the research team.

CHILD INFORMATION (Please read this to your child)

Your parent has said that it is O.K. for you to participate in our study as long as it is O.K. with you. We are interested in finding out about the kind of things that are important to children. There will be questions about you, the kinds of things you do, your school, your health, your family, and your friends. Different kids have different experiences and opinions and we would like to hear about yours.

Please answer all of the questions honestly. If for any reason you do not wish to answer a question, you may skip it and go on to the next one. If you decide that you don't want to participate, you may tell us that you want to stop without any negative consequences from the researchers or from your school, after school program, or youth organization.

Your name will not be on any of the answer sheets, so no one will know how you answered the questions.

You will be given the survey in your school, after school program, or youth organization. It will take you about an hour and a half to complete the survey. You can take a break when you need one. You may also take some more time if you feel that you need it.

Researcher's Statement:

I have fully disclosed to Parent/Legal Guardian/Participant the nature and purpose of the research.



September 30, 2005

Signature of Principal Investigator

DATE

SIGNATURE FORM

4-H Study of Positive Youth Development

PARENT'S CONSENT:

I have read and understood the above information. I consent to participate in the described research and I give my consent for my child to participate.

Parent/Guardian's Signature

Date

Please PRINT **Your** Name

Your Child's Signature

Date

Please PRINT **Child's** Name

Parent(s): Please **ONLY** check this box if you **DO NOT CONSENT** to your child's participation in this study.

**PLEASE HAVE YOUR CHILD RETURN THIS PAGE TO HIS/HER
TEACHER OR PROGRAM LEADER!**

(KEEP FIRST PAGE FOR YOUR RECORDS)