

Indiana University Informed Consent Statement for Research

School-Based *Team Peace* Program

IRB Research Protocol #32217

Your child is being asked to participate in an evaluation study of the *Team Peace* applied educational neuroscience program delivered at several schools in southern Indiana. This consent form will give you information about the evaluation study to help you decide whether you want your child to participate. It is your choice whether or not you want your child to be in this evaluation study. Please read this form and ask any questions you have before agreeing to be in the study.

The purpose of this study is to assess the impact of the applied educational neuroscience program, *Team Peace*, on students' ability to self-regulate, their perceptions of school climate and relationships, and their ability to focus on goals and on their schoolwork.

We are asking you if you consent to your child being in this evaluation study as part of their participation in the school-based *Team Peace* applied educational neuroscience program.

The study is being conducted by Dr. Melissa Fry, Director of the Applied Research and Education Center at Indiana University Southeast in New Albany, Indiana. Dr. Fry is the contracted evaluator for the *Team Peace* program. The program is funded by the Valinhos Foundation, a private charitable foundation supporting Indiana's Youth and Families.

If you consent to your child being in the evaluation, then: Your child will hear an explanation of the evaluation and will have the opportunity to decide whether they want to participate. If they agree to participate, they will do the following.

- Complete an Entry survey at the beginning of the school year, before the *Team Peace* program, and an Exit Survey at the end of the school year, after the *Team Peace* program. Each survey takes approximately 20 minutes.
- While completing the survey, they can choose not to answer any question that they do not want to answer.
- They will be instructed to use a sheet of paper to cover their answers.
- If your child does not want to complete the surveys, they do not have to. They can sit quietly and engage other classroom activities (reading or completion of class assignment as indicated by the teacher) in the classroom while the other students complete the survey.
- The surveys will be administered by a trained staff member from the Applied Research and Education Center.

The assessment tools used for this evaluation will be available at the school's office.

Your child may not have any personal benefits from taking part in this study, but we hope to learn things that will shape how their school uses applied educational neuroscience in the future, which may help them in a later grade and/or may help students who come after them.

Your child will not be paid for participating in the evaluation study surveys.

The only identifiable information we will have on you or your child will be this form and a tear sheet that allows us to link entry surveys to exit surveys and allows us to pull your child's data out of our data set should you withdraw your consent. The list connecting the name to the survey number will be kept in an encrypted digital file, accessible only to the Principal Investigator. That information will not be stored with the data files that contain their responses.

We will protect your child's information and make every effort to keep your child's personal information private, but we cannot promise complete confidentiality. No information that could identify your child will be shared in publications about this study.

Your child's personal information may be shared outside the research study if required by law. We also may need to share your research records with other groups for quality assurance or data analysis. These groups include the Indiana University Institutional Review Board or its designees, and state or federal agencies that may need to access the research records (as allowed by law).

Completely de-identified information collected for this evaluation study may be used for other research evaluation studies or shared with other researchers who are conducting their own research studies. This may include sharing with researchers outside Indiana University and sharing with private companies. It may also include making the information available in public and private databases of research data so that other researchers can use the information to answer research questions.

Because there is no identifying information associated with these data, we will not ask for your additional consent for this sharing.

If you have questions about the study or encounter a problem with the evaluation, contact the researcher, Dr. Melissa Fry, at 812-941-2105 or at frym@iu.edu.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Research Protection Program office at 800-696-2949 or at irb@iu.edu.

If you decide to allow your child to choose to participate in this study, please indicate your consent below. You or your child can change your mind and decide to leave the evaluation study at any time and we will remove your child's surveys from the digital data set and will shred the paper surveys. If

you consent for your child to choose to participate, please return this signed form to your child's school.

Parent or Caregiver Consent

☐ I consent to allow my child to participate in this evaluation.

Printed Name of Child:

Printed Name of Parent:

Signature of Parent:

Date: _____

**For Office Use (Indiana University Southeast)
Only:**

Printed Name of Person Obtaining Consent:

Signature of Person Obtaining Consent:

Date: _____