



Informed Consent - Parent

Study Title: Community Engaged Prevention for Idaho Youth

Principal Investigator: Megan L. Smith **Co-Principal Investigator:** Taylor Neher

Dear Parent/Guardian:

My name is Megan Smith and I am an associate professor for Boise State University. I am also the director for Communities for Youth, an Idaho-based organization focused on community-based prevention for youth health. Your child/ren is a student in the Garden Valley School District. They have decided to partner with us on a project that aims to help us work together as a community to prevent potential challenges to youth health. The model we use focuses on using information provided by students to learn about their perceptions of the communities they live and learn in, and then uses that information to create an environment in which young people can grow to their healthy and full potential. I am asking for your permission to include your child in my project.

This consent form will give you the information you will need to understand why this study is being done and why your child is being invited to participate. I encourage you to ask questions at any time. If you decide to allow your child to participate, you will be asked to sign this form and it will be a record of your agreement to participate. You will be given a copy of this form to keep.

PURPOSE AND BACKGROUND

As part of this effort, we will survey middle and high school students in your community in order to better understand what issues youth are facing and what things are helping or hurting their health. The results of this study will help adults come together to create safe and supportive environments for young people in your community.

PROCEDURES, RISKS & DISCOMFORTS

In order to complete this study, we will give your middle or high school student a survey. Questions on the survey include collecting young people's feelings and thoughts across several important environments; at school, at home, in their community, and with peers. Sometimes students have a hard time with their health because of things that are sensitive. As a result, some of the questions in the assessment are somewhat sensitive. They include questions about using cigarettes, alcohol, or other drugs or experiencing mental health challenges such as depression or anxiety. The survey takes about one class period to complete (~45-55 minutes).

Participation in the survey is voluntary, and participants can skip any question or choose not to participate at any time without any penalties. All responses are confidential. No one at the school, on our team, or anyone else will ever know how your individual student responds to the questions.

Although we do not intend to cause any stress, we know it is possible and will do several things to help your child be safe and feel comfortable. We will ask as few sensitive questions as possible and let students skip any questions they do not want to answer or quit taking the assessment whenever they want. We will also let them know that if they choose to skip a question or quit they will not get in any trouble. We will let them know that their responses will be anonymous, their participation confidential, and that their names will never appear on any survey they complete. Finally, we will make sure school counselors, or similarly prepared adults, are available in case anyone has something they want to discuss after the assessment. All school professionals will be alerted that the survey is taking place and to pay extra attention to student behaviors/feelings.

EXTENT OF CONFIDENTIALITY

No personal information will be collected and all data records will be kept private and confidential. Only the

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Communities for Youth data analysis team will have access to the data. The Boise State Office of Research Compliance (ORC) monitors research studies to protect the rights and welfare of research participants. Data will be kept for three years (per federal regulations) after the study is complete and then destroyed.

BENEFITS

The information gained from this study will help our society to better understand what specific risks (and strengths) are associated with key health outcomes for youth in our community.

QUESTIONS

If you have any questions or concerns about participation in this study, you should first talk with the investigators Dr. Megan L. Smith (mlsmith@boisestate.edu ; (208) 426-3335) or Dr. Matt Isbell (matthewisbell@boisestate.edu ; (208) 426-3332).

If you have questions about your rights as a research participant, you may contact the Boise State University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. You may reach the board office between 8:00 AM and 5:00 PM, Monday through Friday, by calling (208) 426-5401 or by writing: Institutional Review Board, Office of Research Compliance, Boise State University, 1910 University Dr., Boise, ID

DOCUMENTATION OF CONSENT

I have read this form and decided that my child will participate in the project described above. Its general purposes, the particulars of involvement and possible risks have been explained to my satisfaction. I will discuss this research study with my child and explain the procedures that will take place. I understand I can withdraw my child at any time. Please initial in the appropriate box below.

☐ I give consent for my child to participate in the survey for this year only.

☐ I give consent for my child to participate in the survey for this year and for the duration of their education in this school district.

☐ I **do not** consent for my child to participate in any way.

Printed name of your student (s) _____

Child's School _____ **Child's grade** _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____