



**Parent/Guardian or Legally Authorized Representative (LAR)
Informed Consent and Adolescent Assent Form
NSU Consent/Assent to be in a Research Study Entitled
*Impacting Student Behavior by Implementing Home Visits***

Who is doing this research study?

College: Fischler College of Education
Principal Investigator: John Doe, BA, MA
Faculty Advisor/Dissertation Chair: Sue Faculty, EdD

Site Information:
Melinda Boone, Superintendent
Northside Stem Academy at Campostella
Norfolk Public Schools
321 Main Street
Norfolk, VA 23510
555-628-5555

Funding: Unfunded

What is this study about?

This is a research study that will help with the homework habits and classroom behaviors of young children. The purpose of the study is to determine if the implementation of six home visits will help make young children's classroom behaviors better and provide good strategies for you to better monitor the children's homework.

Why are you asking me to be in this research study?

You are being asked to be in this research study, because your help is needed to ensure your child will have few or no problems in successfully completing homework. Your assistance is needed to reinforce the teacher's expectations for good classroom behaviors. This study will include 10 parents from the elementary school classroom of Mr. John Doe.

What will I be doing if I agree to be in this research study?

You will be asked to:

- participate in pre-assessment data collection for 10 minutes by completing the Sutter-Eyberg Student Behavior Inventory (SESBI) two days before the intervention starts to get your perceptions on your child's misbehaviors and homework completion;
- participate in six home visits conducted by this researcher, and each visit will be about 15 minutes in length for a total of 90 minutes;
- understand that in each home visit, the researcher will (a) review the Student Progress

Report with you, (b) discuss behaviors of your child, (c) provide information on how to get your child to display correct behaviors, (d) review your child's homework, and (e) provide information on assisting your child with homework; and

- participate in post-assessment data collection for 10 minutes by completing the SESBI about two days after the end of the intervention.

Your total time involvement is 30 minutes + 10 minutes + 90 minutes + 10 minutes = 140 minutes.

Your child will be asked to complete a survey regarding attitudes towards homework before and after the home visits. The survey will take about 30 minutes to complete each time.

There may be several reasons why we feel the need to remove you from the study early. Some reasons are if you fail to participate in either the pre-assessment data collection, post-assessment data collection, or six home visits without notifying this researcher at least one day in advanced of the scheduled time for the activity. The early notification will give this researcher time to make alternate arrangements, as a make-up for you missing the scheduled activity.

Are there possible risks and discomforts to me?

This research study involves minimal risk to you. To the best of our knowledge, the things you will be doing have no more risk of harm than you would have in everyday life.

What happens if I do not want to be in this research study?

You have the right to leave this research study at any time, or not be in it. If you do decide to leave or you decide not to be in the study anymore, you will not get any penalty or lose any services you have a right to get. If you choose to stop being in the study, any information collected about you **before** the date you leave the study will be kept in the research records for 36 months from the conclusion of the study but you may request that it not be used.

What if there is new information learned during the study that may affect my decision to remain in the study?

If significant new information relating to the study becomes available, which may relate to whether you want to remain in this study, this information will be given to you by the investigators. You may be asked to sign a new Informed Consent Form, if the information is given to you after you have joined the study.

Are there any benefits for taking part in this research study?

There are no direct benefits from being in this research study. We hope the information learned from this study will provide you more strategies and knowledge on how to help your child acquire good school behaviors and successful completion of homework that will result in better grades and test scores for the children.

Will I be paid or be given compensation for being in the study?

You will not be given any payments or compensation for being in this research study.

Will it cost me anything?

There are no costs to you for being in this research study.

How will you keep my information private?

Information we learn about you in this research study will be handled in a confidential manner, within the limits of the law and will be limited to people who have a need to review this information. All data will be coded (e.g. Parent 1, Parent 2, Parent 3, etc.) by removing names and school identifying information. If we publish the results of the study in a scientific journal or book, we will not identify you. All confidential data will be kept in a locked file cabinet in the researcher's home office, and only this researcher and research assistant will have the key to the lock. All data will be kept for 36 months and when not needed, destroyed after that time by shredding.

Will there be any Audio or Video Recording?

This research study involves audio and/or video recording.

What Student/Academic Information will be collected and how will it be used?

Comments on the your child's behaviors and homework completion from the Student Progress Reports for the 2017-2018 school year will be quantitatively and qualitatively analyzed and used to answer research questions. This archival data on the reports are stored on the school's computer based and are accessible by this researcher (teacher) as part of the school's normal routine.

Whom can I contact if I have questions, concerns, comments, or complaints?

If you have questions now, feel free to ask us. If you have more questions about the research, your research rights, or have a research-related injury, please contact:

Primary contact: John Doe, M.A. can be reached at (555)555-5555.

If primary is not available, contact:
Sue Faculty, EdD can be reached at (555)555-5555.

Research Participants Rights

For questions/concerns regarding your research rights, please contact:

Institutional Review Board
Nova Southeastern University
(954) 262-5369 / Toll Free: 1-866-499-0790
IRB@nova.edu

You may also visit the NSU IRB website at www.nova.edu/irb/information-for-research-participants for further information regarding your rights as a research participant.

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Research Consent & Authorization Signature Section

Voluntary Participation - You are not required to participate in this study. In the event you do participate, you may leave this research study at any time. If you leave this research study before it is completed, there will be no penalty to you, and you will not lose any benefits to which you are entitled.

If you agree to participate in this research study, sign this section. You will be given a signed copy of this form to keep. You do not waive any of your legal rights by signing this form.

SIGN THIS FORM ONLY IF THE STATEMENTS LISTED BELOW ARE TRUE:

- You have read the above information.
- Your questions have been answered to your satisfaction about the research.

Parental/Guardian or Legally Authorized Representative (LAR) Signature Section

I am voluntarily giving my consent for another person to participate in this study because I believe this person would want to take part if able to make the decision and I believe it is in this person's best interest.

*Person giving Consent must select whether they are a Parent/Guardian or a LAR

_____ Printed Name of Participant	_____ Signature of Participant, indicating Assent for Adults and Children over the age of 13 (Children under the age of 13 must sign the Child Assent Form)	_____ Date
_____ Printed Name of Person Giving Consent & Authorization for Participant	_____ Signature of Person Giving Consent & Authorization* <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> LAR	_____ Date
_____ Printed Name of Person Obtaining Consent and Authorization	_____ Signature of Person Obtaining Consent & Authorization	_____ Date