**Parent/Guardian or Legally Authorized Representative (LAR)**

**Informed Consent and Adolescent Assent Form**

**NSU Consent/Assent to be in a Research Study Entitled**

Preventing Cyberbullying: Stakeholder Analysis

**Who is doing this research study?**

College: Abraham S. Fischler College of Education

Principal Investigator: Marcy Student, MA

Co-Investigator: JoAnn Chair, EdD

Funding: Unfunded.

**What is this study about?**

This study involves research. The purpose of this study is to determine how to tackle the phenomena of cyberbullying and how it is effecting today’s children and adolescents.

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

You are being asked to be in this research study because [Explain why candidate or person may qualify to participate in the study. This is not intended to be a repetition of the inclusion criteria].

This study will include about 20 people.

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

While you are taking part in this research study, you and your child will be asked to participate in a focus group. The session will last 45 minutes to one hour. After transcribing the focus group information, you and your child will be contacted for a member-checking session to ensure your responses were accurately recorded. This session will last 20-30 minutes.

Research Study Procedures - as a participant, this is what you and your child will be doing:

* Participate in a 45-minute focus group.
* Participate in a 20-30 minute member check of the focus group session.

**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 refuse to be in it. If you decide to leave or you do not want 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 before it is over, any information about you that was collected **before** the date you leave the study will be kept in the research records for 36 months from the end of the study and may be used as a part of the research.

**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 help school stakeholders combat cyberbullying.

**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. Your name and your child’s name will not be used to record data or when publishing the final results. This data will be available to the researcher, the Institutional Review Board and other representatives of this institution, and any regulatory and granting agencies (if applicable). 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 securely on password-protected computers by the investigators. All data will be kept for 36 months and destroyed after that time by deleting all data.

**Will there be any Audio or Video Recording?**

This research study involves audio and/or video recording. This recording will be available to the researcher, the Institutional Review Board and other representatives of this institution. The recording will be kept, stored, and destroyed as stated in the section above. Because what is in the recording could be used to find out that it is you, it is not possible to be sure that the recording will always be kept confidential. The researcher will try to keep anyone not working on the research from listening to or viewing the recording.

**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:

Marcy Student, MA can be reached at (555)555-5555.

If primary is not available, contact:

JoAnn Chair, EdD can be reached at (555)555-5556.

**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](mailto:IRB@nova.edu)

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

**All space below was intentionally left blank.**

**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

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| --- | --- | --- | --- | --- | --- |
| 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\*  🞎Parent/Guardian 🞎LAR |  | Date |  |
| Printed Name of Person Obtaining Consent and Authorization |  | Signature of Person Obtaining Consent & Authorization |  | Date |  |