High School Longitudinal Study of 2009 First Follow-up (HSLS:09)

2010 Cognitive Interviews

**Attachment V**

**Sample Consent Forms**

**HSLS:09 Cognitive Testing of Questionnaire Items**

 **Participant Informed Consent -- Parent**

You are invited to participate voluntarily in this interview, which is being conducted by RTI International, a not-for-profit research firm, and Research Support Services (RSS), a contract research firm, for the National Center for Education Statistics (NCES), part of the U.S. Department of Education. The purpose of this interview is to help NCES review the High School Longitudinal Study of 2009 (HSLS:09) parent questionnaire to ensure that it can be well understood.

This cognitive interview has been approved by the Office of Management and Budget (OMB# 1850-0803). The interview and discussion will take approximately 60 minutes. There are no right or wrong answers to the questions we ask—we just want to ask your opinions about the questionnaire that has been developed. We will first ask you to complete the questionnaire as if you received it at home in the mail. Following this, you will be asked how you understand specific terms and phrases in the questions you have just completed. Then, we will ask you how you arrived at your answers. Finally, we will ask about your thoughts and feelings toward the questionnaire overall. You can help us by describing anything you find confusing or difficult to understand in the questions, or any issues that come up in your mind as you answer them.

Again, your participation in this study is voluntary. Upon completing the interview, you will be paid $40 in appreciation for your time. The information you give us will be combined with the responses of others in a summary report that does not identify you as an individual. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law [Education Sciences Reform Act of 2002 (ESRA 2002) Public Law 107-279, Section 183].

If you have any questions about the study you may telephone Dr. Steven Ingels at (202)974-7834. If you have any questions about your rights as a research participant in this study, you may contact the Office of Research Protection at RTI International at 1-866-214-2043, a toll-free number.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above document describing the voluntary nature, response confidentiality, and procedures for this research study has been explained to me. I agree to participate.

Signature of participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

I certify that the nature and purpose, the voluntary nature, and response confidentiality associated with participating in this research have been explained to the above individual.

Signature of Person Who Obtained Consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

***Audio-taping the interview:***

In order to make best use of our findings, we also request that you allow the interview to be audio-taped, through the use of a tape recorder or laptop computer that will be on the table. The audio-tape will only be heard by people who are working on this project. The only purpose of audio-taping is to allow us to review the interview as we document our findings. We will destroy the tapes upon completion of the project. If you would rather that your interview not be audio-taped, or if at any time during the interview you decide that you would like the audio-taping to be stopped, please tell the interviewer and we will stop taping.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to allow the interview to be audio-taped and to be listened to by others who are working on this project:

Signature of participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**HSLS Cognitive Testing of Questionnaire Items**

 **Parental Permission/Student Participant Informed Consent**

Your 11th-grade child is invited to participate voluntarily in this interview, which is being conducted by RTI International, a not-for-profit research firm, and Research Support Services (RSS), a contract research firm, for the U.S. Department of Education. The purpose of this interview is to help the Department of Education review the High School Longitudinal Study of 2009 (HSLS) questionnaire to ensure that it can be well understood.

The interview and discussion will take approximately 60 minutes. There are no right or wrong answers to the questions we ask—we just want to ask your child’s opinions about the questionnaire that has been developed. We will first ask him/her to complete the questionnaire as if you s/he received it at home in the mail. Following this, s/he will be asked how s/he understands specific terms and phrases in the questions s/he has just completed. Then, we will ask him/her how s/he arrived at the answers. Finally, we will ask about his/her thoughts and feelings toward the questionnaire overall.

Your child’s participation in this study is voluntary, and s/he may stop at any time. Even if s/he chooses not to participate, s/he will not lose any benefits or services that s/he may be receiving from any governmental agency. Also, your child may choose not to answer any question. S/he will be paid $40 in appreciation for his/her time, even if s/he decides to stop the interview. We will not be asking about your child’s legal or immigration status. His/her participation will be kept confidential by RTI and RSS and the information s/he gives us will be combined with the responses of others in a summary report that does not identify your child as an individual. The information s/he gives us will be combined with the responses of others in a summary report that does not identify her/him as an individual. Her/his answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law [Education Sciences Reform Act of 2002 (ESRA 2002) Public Law 107-279, Section 183]. There are no expected risks to participating in this study.

If you have any questions about the study you may telephone Dr. Steven Ingels at (202)974-7834. If you have any questions about your child’s rights as a research participant in this study, you may contact the Office of Research Protection at RTI International at 1-866-214-2043, a toll-free number.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above document describing the benefits, risks and procedures for this research study has been explained to me. I give permission for my child to participate.

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Signature of Person Who Obtained Consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

***Audio-taping the interview:***

In order to make best use of our findings, we also request that you allow your child’s interview to be audio-taped, through the use of a tape recorder or laptop computer that will be on the table. The audio-tape will only be heard by people who are working on this project. The only purpose of audio-taping is to allow us to review the interview as we document our findings. We will destroy the tapes upon completion of the project. If you would rather that your child’s interview not be audio-taped, or if any time during the interview your child decides that he/she would like the audio-taping to be stopped, the participant should notify the interviewer, and we will stop taping.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to allow my child’s interview to be audio-taped and to be listened to by others who are working on this project:

Signature of participant’s parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_