



PARTICIPANT ID (OF CHILD) _____

**Healthy Marriage Models and Measures- High School Age Adolescents Cognitive Interview
Parental Consent Form**

Child Trends is doing a research study with teens for the Administration for Children and Families in the U.S. Department of Health and Human Services. The research will help us develop questions that could be used in healthy marriage and relationship education (HMRE) programming and evaluation. This form has information to help you decide if you want your child to be in the study.

1. GOAL:

We are trying to create questions that HMRE programs can use to find out if their program worked. Most of these questions relate to relationship skills and behaviors because HMRE programs try to help teens learn about healthy relationships.

2. WHAT WILL YOU NEED TO DO:

If you agree for your child to be a part of the study, we will interview your child for an hour and a half. During the interview, we will ask your child questions about relationships among teens. We will ask your child to:

- Tell us about the meaning and wording of questions;
- Talk about how clear the questions are;
- Tell us about any problems your child has understanding the questions; and
- Give ideas about how to word questions

Your child will receive a \$50 gift card for participating in the study.

3. RISKS AND/OR DISCOMFORTS:

The main risk is the possibility of a loss of privacy. To protect your child's privacy, your child's name will not be used in reports. Individual responses will not be shown to anyone outside of the study team. Some questions may make your child uncomfortable. If we ask a question your child does not want to answer, your child can let the interviewer know and she will move on to the next question.

4. VOLUNTARY PARTICIPATION:

Your child can stop the interview at any time. If your child finishes the interview and then decides that s/he does not want to participate, s/he can let the interviewer know. You can also

call Shelby Hickman at (240) 223-9341 to remove your child from the study.

5. PRIVACY:

Everything you and your child tell us will remain as private as possible. We will combine what your child and others tell us. This will help to reduce the chance that anyone can be identified when the study results are described. Only approved study staff will have access to the tape recordings and written notes. All recordings and written notes will be kept private to the extent permitted by law.

There are limits to privacy. If someone on the study team feels that keeping information private would result in danger to you or another person, they will have to tell proper agencies. The types of information that would not remain private include any reports of the abuse or neglect of a child or any thoughts your child may have to hurt herself or anyone else.

6. COSTS AND BENEFITS:

There are no costs from the study other than the time of the interview. Your child will not benefit personally from being in the study.

As a thank-you, your child will receive a \$50 gift card at the end of the interview.

7. QUESTIONS:

If you have any comments or concerns about this study, you can call Dr. Mindy Scott, Principal Investigator, at (240) 223-9324. You can contact the Child Trends Institutional

7315 Wisconsin Avenue Suite 1200W Bethesda,
MD 20814.

Review Board at: (855) 288-3506;

irbparticipant@childtrends.org; or by writing to

Agreement: The researcher and I have read this information together and I have discussed it with him/her. I have read the study described above and have been given a copy of it. I am the parent or legal guardian of _____ and I agree to have him or her participate in this study.

Confirmation of Agreement: _____
Interviewer Signature Date

I also understand that if a person on the study team feels that keeping information confidential would result in danger to my child or another person, they will have to tell appropriate agencies to protect my child or the other person.

Confirmation of Agreement: _____
Interviewer Signature Date

We would like to tape record the interview so that we can make sure that we don't miss anything your child says. We will also be taking notes. We will ask your child not to use any personal information (such as a full name) once we start recording.

Please know that your child can still take part in the study even if you do not wish for your child to be recorded.

Do we have your permission to tape record the interview with your child? YES NO

We would also like to use specific quotes from your child's interview in describing some of our results. However, all identifying information, such as names or birth dates, would be removed to ensure that the identity of your child remains anonymous. Please know that your child can still participate in the study even if you do not wish to have specific quotes from your child's interview used.

Do we have your permission to use specific quotes from your child's interview in summaries, reports, and presentations of our study findings? YES NO

Interviewer Signature Date

The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to learn more about questions that may be used in healthy marriage and relationship education programming and evaluation. Public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0355 and it expires 01/31/2015.