

**BULLYDOWN PHASE ONE**  
**BULLETIN BOARD FOCUS GROUP:**  
**INFORMED PARENTAL/GUARDIAN PERMISSION FOR CHILD PARTICIPATION**

**Background/Purpose**

We are recruiting young people for online focus groups being conducted by the Center for Innovative Public Health Research. They are developing a bullying prevention program for youth that will be sent through text messaging. This research study is sponsored by the HopeLab Foundation. We are speaking to children who are in grades 6<sup>th</sup>-8<sup>th</sup> about their experiences with bullying prevention programs in the schools, but first we need your permission for your child to participate.

**Procedures**

We are asking your child to take part in a 3-day online bulletin board focus group. [S/he] will be asked to log in two times each day to answer questions that have been posted on the focus group website. We will ask their thoughts about different parts of the bullying prevention program that we are developing. For example, we will ask about the type of information they have heard at school about bullying; how to prevent bullying; and how useful they think bullying prevention information is. We also will ask them about their experiences with bullying themselves.

We ask that you give your child privacy during participating in the focus groups, so please do not watch your child or try to tell them how to answer any question.

If your child takes part in all 3 days of the focus group, we will send them a \$50 Amazon gift card.

**Risks and Discomforts**

It is possible that your child's privacy may be broken if someone in the group shares information with people outside of the group. We will ask participants to keep the discussion private, but we cannot guarantee this will happen. To protect your child's privacy in the focus group, we suggest that [s/he] use a different name that is not their real name.

It is possible that we will ask questions that are uncomfortable or distressing to your child. S/he can choose to skip any question or stop taking part at any time.

**Benefits**

We don't know if your child will benefit from being part of the study, but your child's participation is important. It will help us design a better bullying prevention program for middle school students in the future.

**Confidentiality**

We will keep a copy of your child's answers after the focus group ends so that we can look at them later. Only Dr. Ybarra and the study team will be able to see their answers. Your child's name and contact information will be kept separate from their responses in the focus group.

**Rights of Refusal and Withdrawal**

Your child does not have to take part in this study. [S/he] may skip any question s/he does not want to answer for any reason. Your child can drop out of the study at any time.

**Questions and Contact Numbers**

Do you have any questions about the information that I just read to you, or about the study?

If you have questions about this study in the future, please contact the study coordinator via email at [Tonya@InnovativePublicHealth.org](mailto:Tonya@InnovativePublicHealth.org) or phone at: 877-302-6858, ext. 1-806. You can also contact the Principal Investigator, Dr. Michele Ybarra (email: [Michele@innovativepublichealth.org](mailto:Michele@innovativepublichealth.org); telephone: 877-302-6858, ext. 1-801).

If you have any concerns about your child's rights in this research, please contact the Study Subject Adviser at Chesapeake IRB by email at [adviser@chesapeakeirb.com](mailto:adviser@chesapeakeirb.com). The adviser can be contacted by calling toll free at 1-877-992-XXXX. An IRB is a group of people who review studies to protect the rights and safety of participants.

Do you agree to let your child participate in this study?

**[If yes, gives permission]:**

Great!

**[If no, does not give permission]:**

Thank you for your time. We respect your decision not to let your child take part in the focus group. To help us design future focus groups, can you please tell me why you decided not to let them take part?