

**BULLYDOWN PHASE TWO
CONTENT ADVISORY TEAM:
INFORMED PARENTAL/GUARDIAN PERMISSION FOR CHILD PARTICIPATION**

Background/Purpose

The Center for Innovative Public Health Research, a national research organization, is developing a bullying prevention program for youth. This research study is sponsored by the HopeLab Foundation. We are speaking to children between the ages of 11 and 14 about their experiences with bullying, but first we need your permission for your child to participate.

Procedures

We are asking your child to take part in our Content Advisory Team (CAT). The CAT will last for about 1.5 weeks. Your child will be asked to review and give feedback on the program text messages. The messages talk about things like communication, attitudes toward bullying, feelings related to being bullied, and how to deal with bullying. When your child has finished reviewing all of the messages, [s/he] will email us [his/her] feedback.

Then, we will ask your child to take part in a 1.5 day online focus group with other young people who have reviewed the messages. They will need to log on both days to answer questions that have been posted there.

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

Your child will receive up to \$50 in an Amazon gift card for their participation. We will send them a \$30 Amazon gift card for providing their feedback on the text messages. They will receive an additional \$20 Amazon gift card for participating in the online discussion.

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 text message or 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 their answers so that we can look at them later. Only Dr. Ybarra and people who work with her will be able to see their answers. Your child's name and contact information will be kept separate from their feedback during the CAT.

Rights of Refusal and Withdrawal

Your child's participation is completely voluntary. [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 later, please contact me by email at Tonya@InnovativePublicHealth.org or call 877-302-6858, ext. 1-806. You can also contact the Principal Investigator, Dr. Michele Ybarra (email: 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 Research Review, Inc., by email at adviser@irbinfo.com. The adviser can be contacted by calling collect at 410-XXX-XXX.

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

[If yes, agrees to give 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?