

BULLYDOWN PHASE THREE BETA TEST: INFORMED PARENTAL/GUARDIAN PERMISSION FOR CHILD PARTICIPATION

Background/Purpose

The University of Illinois and Center for Innovative Public Health Research have developed BullyDown, a bullying prevention program for youth. The program will be sent via text messaging. Your child will receive text messages for a total of 7.5 weeks. The messages will talk about things like communication, attitudes toward bullying, feelings related to being bullied, and how to deal with bullying.

We are asking 7th and 8th grade students to help us test the program, but first we need your permission for your child to participate.

Procedures

We are testing two different text messaging programs. We do not know which program works better. Your child's assignment to either program is random. This means they have an equal chance of being assigned to either program. We will not tell you or your child which program you are assigned to until after everyone has finished the program.

If your child takes part in the research study, they will be asked to do the following:

- Complete an online survey at the beginning of the study.
- Then, receive text messages for 7.5 weeks.
- Every couple of weeks, we will send your child a couple of text messages with questions about their experiences in the program.
- After the program ends, we will ask your child to complete a survey online.

Your child may also be randomly matched to a "Text Buddy," who is another middle school student in this study that your child will be able to text message with about the things that they are learning in the program. Your child may also have access to Forever Friend, which is a feature that would send them a happy message whenever they text it.

Your child will receive a \$25 Amazon gift card for your participation after s/he completes the online survey at the end of the study.

The survey includes questions about children's general social skills, what they would do in different social situations, and their experiences with bullying. Full copies of the blank survey will be at the school's office if you would like to take a look at a survey.

Parents, please be aware that under the Protection of Pupils Right Act 20 U.S.C. Section 1232 (c) (1) (A), you have the right to review a copy of the questions asked of or materials that will be used with your child. If you would like to do so, please contact Dr. Dorothy Espelage by phone at 1-217-XXX-XXXX or by email at espelage@illinois.edu to obtain a copy of the questions and materials.

Risks and Discomforts

It is possible that your child's privacy may be broken if someone sees the program messages sent to their phone or if someone sees the computer screen while your child completes the online surveys. To protect your child's privacy, all computer files with their survey data will be password protected. We also will show them how to password protect their phone.

It is possible that questions in the surveys might be uncomfortable or distressing to your child. Your child can choose to skip any text message or question at any time. If the program messages make him/her feel uncomfortably, s/he can stop taking part in the study.

Benefits

We do not know if your child will benefit from being part of the study, but your child's participation is important. His/her complete participation will help us determine which bullying prevention program works better, which will ultimately benefit middle school students in the future.

Confidentiality

All information that we gather from students will be kept private and will not be part of your child's school records. We will keep a copy of your child's answers so that we can look at them later. Only Drs. Espelage and Ybarra and their staff will be able to see their answers. We will not tell you, your child's teachers at school, or anyone else the answers that your child gives during the study.

Your child's name and contact information will be kept separate from their responses. Your child's name will not be used in any reports or articles we publish.

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

If you have any questions about the study, please contact Dr. Dorothy Espelage by phone at 1-217-XXX-XXXX or by email at espelage@illinois.edu.

If you have any questions about your son or daughter's rights as a participant in this study or any concerns or complaints, please contact the Study Subject Adviser at Chesapeake IRB* by email at adviser@chesapeakeirb.com. The adviser can be contacted by calling toll-free at 877-XXX-XXXX.

*An IRB is a group of people who review research studies to protect the rights and safety of research participants.

Please return this page to the school by [INSERT DATE].

Parent/Guardian's Statement:

This study has been explained to me in writing by the research team at the University of Illinois and the Center for Innovative Public Health Research. I have had a chance to ask questions. If I have questions later on I can ask Dr. Dorothy Espelage at 1-217-XXX-XXXX or email her at espelage@illinois.edu OR call the IRB office listed above.

Student's Name

First Name Last Name (Please Print)

Parent or
Legal Guardian Name(s)

First Name Last Name (Please Print)

First Name Last Name (Please Print)

Please check one:

☐ I DO

☐ I DO NOT

give my consent for my child to take part in this study.

Parent or Legal Guardian _____ Date _____
(Signature)