

BULLYDOWN PHASE THREE BETA TEST: YOUTH ASSENT FORM

Background/Purpose

The University of Illinois and the Center for Innovative Public Health Research have developed a bullying prevention program for youth. The program will be sent via text messaging.

We are asking you to help us test the program. You 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.

Procedures

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

If you choose to take part in the research study, here's what we will ask you to:

- 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 you a couple of text messages with questions about your experiences in the program.
- After the program ends, we will ask you to complete another survey online.

You may also be randomly matched to a "Text Buddy," who is another middle school student in this study that you'll be able to text message with about the things that you are learning in the program. You may also have access to Forever Friend, which is a feature that would send you a happy message when you're feeling down or having a bad day.

You will receive a \$25 Amazon gift card for your participation after you complete the final online survey at the end of the study.

The survey includes questions about general social skills, what they would do in different social situations, and their experiences with bullying.

Risks and Discomforts

It is possible that your privacy will be broken if someone sees a text message from the program on your cell phone or if someone sees your computer screen while you are completing the online surveys. To protect you, all computer files with survey data will be password protected. We will also show you how to password protect your phone.

It also is possible that a question in one of the surveys might make you feel uncomfortable. If this happens, you can skip the survey question. If the program messages make you feel uncomfortable, you can stop being in the study completely.

Benefits

We don't know if you will benefit from being part of the study, but your 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 answers so that we can look at them later. Only Drs. Espelage and Ybarra and their staff will be able to see your answers. We will not tell your parents, teachers at school, or anyone else the answers that you give during the study. All information that we gather will be strictly private and will not be part of your school records.

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

Rights of Refusal and Withdrawal

It is your choice to take part in the study or not. You can drop out of the study at any time. Your complete participation during the entire study, however, will help us determine which program works best.

Questions and Contact Numbers

If you have any questions about the study, feel free to ask them now.

If you have questions about this study later, please contact Dr. Dorothy Espelage. Dr. Espelage is one of the lead researchers on the study and can be reached by phone at 1-217-XXX-XXXX or by email at espelage@illinois.edu.

If you have any questions about your 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 877-992-XXXX.

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

Do you agree to participate in this study? Please check one:

- ☐ YES, I AGREE TO PARTICIPATE
- ☐ NO, I DO NOT AGREE TO PARTICIPATE

Your Name:

First Name Last Name (Please Print)

Signature:

_____ Date _____