



**UNIVERSITY OF CALIFORNIA, DAVIS  
PARENT CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

**Investigator's Name:** Sharon Junge, MA  
**Department/Telephone:** 4-H Youth Development Program, (530) 754-5809

**Investigator's Name:** Richard Lerner, Ph.D.  
**Department/Telephone:** Eliot Pearson Department of Child Development, Tufts University, (617) 627-5558

**Study Title:** 4-H Study of Positive Youth Development

---

**WHY IS THIS STUDY BEING DONE?**

You and your child are being asked to participate in a research study being conducted by California's 4-H Youth Development Program and Tufts University. We hope to learn more about the kind of experiences that help children develop into healthy, productive adults. It is a longitudinal study which means that researchers will study changes in young people over time.

**WHAT WILL HAPPEN IF I TAKE PART IN THIS STUDY AND HOW MANY PEOPLE WILL PARTICIPATE?**

If you decide to volunteer, you will be asked to complete a survey online. You can also request a paper survey by contacting us at the phone number on page 3. The survey takes about 20 minutes to complete. You may also be contacted in the following two years with an invitation to complete another survey.

If you agree to participate, please do the following:

1. Read this Consent Form and Bill of Rights (**Pages 1-3**) and indicate whether or not you agree to your participation and your child's participation on the Signature Form (**Page 4**).
2. Detach the Signature Form (**Page 4**) and have your child return it to her or his after school program or youth organization. Keep the Consent Form and Bill of Rights (**Pages 1-3**) for your records.
3. Complete the online parent survey using the parent online login information provided in the parent letter. You can also call us at the phone number on **Page 3** to request a paper copy.

If you decide to allow your child to volunteer, your child will be asked to fill out a survey. Some youth will fill out a written survey, and some will fill out the survey on-line on a computer. It takes about 90 minutes to complete the survey. The survey will be given at your child's afterschool program or youth organization. Questions on the survey will ask children to tell us about their family, friends, and activities at school and after school. Children will also be asked about their physical growth, feelings about themselves, and future goals. Your child will be contacted once in 2009 and 2010 with an invitation to complete another survey.

The total length of the study will be 3 years. More than 4,000 children and teens from 26 states are already part of this study. We anticipate that 600 California teens will also participate and we hope that 300 of their parents will take the survey.

**WHAT RISKS CAN I EXPECT FROM BEING IN THIS STUDY?**

There is little risk to you or your child from being in this study. There is a chance that some of the questions may make you or your child feel uncomfortable. Some of the questions deal with personal topics such as your child's health or views about the future. Some questions ask about attitudes toward health related behaviors, such as smoking, drugs, and sexual activity. In order for us to understand positive youth development of all kinds, we would like you and your child to answer all the questions. However, either of you may skip any question that you do not want to answer.

**APPROVED**

APR 15 2008

Tufts SBER IRB

**EXPIRES**

JUL 11 2008

Tufts SBER IRB

VERSION DATE: (2/5/08)

Subject's Initials \_\_\_\_\_

(10/2007)

Page 2 of 4

<b>APPROVED</b> by the Institutional Review Board at the University of California, Davis.	
FEB 28 2008	FEB 28 2009
<b>Approved on</b>	<b>Expires on</b>

**ARE THERE BENEFITS TO TAKING PART IN THIS STUDY?**

There are many potential benefits to this study. We believe it will help us learn more about ways to promote children's positive development. This kind of information is needed to create effective programs for young people. It may also help with policies that benefit children and families.

Additional and immediate benefits:

- 1) You and your child may find it helpful to express your experiences and ideas.
- 2) After completing the survey, your child will receive a \$10 gift card and will be entered in a raffle to win a \$100 gift card.
- 3) Findings from this study will be made available to you and your child's afterschool program or youth organization. It **will not include** individual details about you or your child.

**WILL MY INFORMATION BE KEPT PRIVATE?**

You and your child's identity will be kept confidential, according to State and Federal laws. Neither you nor your child will be identified in any reports that may come from this study. All names and identifying information will be removed from each survey. This information will be replaced with a random identification number. Only the researcher at Tufts University will have access to the data that can be linked to individual subjects. If your child provides responses that indicate severe depression, you may be notified. For the on-line survey, both you and your child will have a confidential user name and password. Only members of the research team at Tufts University will have access to the surveys. All information will be used only for research purposes. If you choose to give it, we will only use your address and telephone number to send thank-you cards and follow-up letters. **Absolute confidentiality cannot be guaranteed, since research documents are not protected from subpoena.**

**WILL I BE COMPENSATED FOR BEING IN THIS STUDY?**

All youth who participate in this study will receive a \$10 gift card to a major retailer, such as Target. If your child starts the survey, but does not complete it, she/he will still receive the gift card.

**WHAT ARE THE COSTS OF TAKING PART IN THIS STUDY?**

There is no cost to you or your child beyond the time and effort required to complete the procedure(s) described above. Total time completing the surveys if your child participates all 3 years could be about 3-5 hours.

**CAN I STOP BEING IN THIS STUDY?**

You or your child may refuse to participate in this study. Any participant may change her or his mind about being in the study and quit after the study has started.

**WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?**

If you have any questions about this research project please contact Sharon Junge who will answer them at (530) 754-5809.

**If you have any questions regarding your rights and participation as a research subject, please contact the IRB Administration at (916) 703-9151 or write to IRB Administration, CRISP Building, Suite 1400, Rm. 1429, 2921 Stockton Blvd., Sacramento, CA 95817. The IRB Administration has also developed a web site designed to make you familiar with your rights. The web site discusses your basic rights as a research participant, an explanation of the informed consent process, the basic requirement that written consent be in a language understandable to you, and suggested sample questions to ask the research investigator regarding your participation in the study. This web site can be accessed at: [www.research.ucdavis.edu/IRBAdmin](http://www.research.ucdavis.edu/IRBAdmin) .**

**APPROVED**

**APR 15 2008**

**Tufts SBER IRB**

**EXPIRES**

**JUL 11 2008**

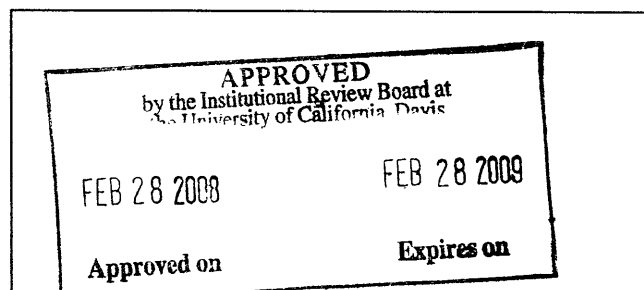
**Tufts SBER IRB**

VERSION DATE: (2/5/08)

Subject's Initials \_\_\_\_\_

(10/2007)

Page 3 of 4



My signature below will indicate that I have decided to allow my child to participate in this study as a research subject. I have read and understand the information above. I understand that I will be given a signed and dated copy of this consent form and the Bill of Rights.

\_\_\_\_\_  
Signature of Subject or Legal Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature of Investigator – Tufts University

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature of Investigator – University of California

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**Parent/Guardian(s):** Please **ONLY** check this box if you **DO NOT CONSENT** to your child's participation in this study.

APPROVED

APR 15 2008

Tufts SBER IRB

VERSION DATE: (2/5/08)

Subject's Initials \_\_\_\_\_

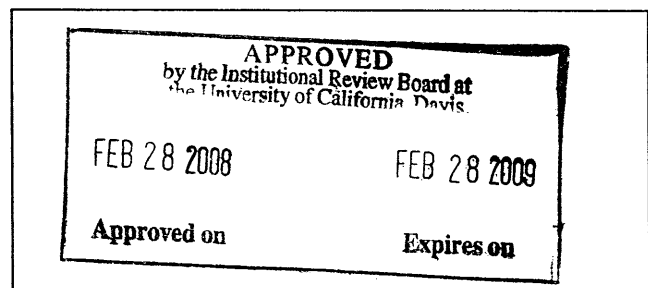
(10/2007)

Page 4 of 4

EXPIRES

JUL 11 2008

Tufts SBER IRB



**UNIVERSITY OF CALIFORNIA, DAVIS  
PARTICIPATION OF MINORS IN RESEARCH**

**Who are we and why are we meeting with you?**

I am a researcher and I work at the University of California, Davis in the 4-H Youth Development Program. We want to tell you about a study that involves young people like yourself. We want to see if you would like to participate in this study.

**Why are we doing this study?**

You are invited to participate in a national research study. It is being conducted by 4-H at the University of California, Davis and Tufts University. We are interested in finding out about the kinds of things that are important to children and teens. More than 4,000 young people ages 10 to 17 are taking part in this study. You will be part of something important and useful to help us understand young people today.

**What will happen to you if you are in the study?**

You will fill out a survey. Some of you will fill out a written survey. Others will take the survey on-line. It takes about 90 minutes to complete the paper survey, and about 45 minutes for the on-line version. There will be breaks and snacks if you need them. You may also take some more time if you feel that you need it. You will fill out the survey at after school program or youth organization. There will be questions about you, the kinds of things you do, your school, health, family, and friends. Different kids have different experiences and opinions. We would like to hear about yours. We want you to answer all of the questions honestly. Some of the questions may ask for very personal information about you. For example, we will ask about behaviors such as smoking, alcohol and drug use, and sexual activity. If you don't want to answer a question, you may skip it and go to the next one. Under rare circumstances, such as if your answers suggest you are in danger, it is possible your parents could be notified. You will be in the research study for three years. You will be asked to complete a survey once a year. The total time you might spend taking the survey over three years would be about 3-5 hours.

**Will any part of the study hurt?**

No.

**Will you get any benefit if you are in the study?**

After completing the survey you will receive a \$10 gift card to a store like Target. Also, your name will be entered into a raffle to win a \$100 gift card. Also, you may find it worthwhile to reflect upon your experiences and ideas via the questionnaire.

**Who will know that you are in the study?**

VERSION DATE: 1/29/08

(10/2007)

**APPROVED**

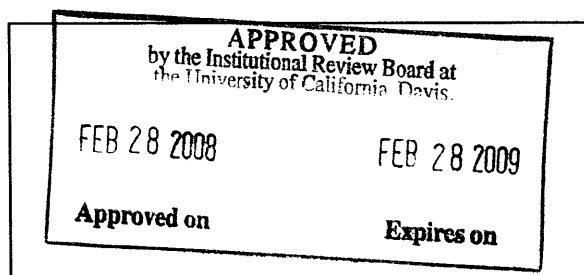
APR 15 2008

Tufts SBER IRB

**EXPIRES**

JUL 11 2008

**Tufts SBER IRB**



Only the Tufts University researcher and your county 4-H Youth Development Advisor will know that you are in the study. If you are taking the written survey, you will fill out a cover sheet with your name and address. The researcher at Tufts University will write an ID number on the cover sheet. Then, the cover sheet is removed at Tufts University. If you are taking the survey on-line, you will have a private password. Your name will not be on any of the answer sheets or reports. No one will know how you answered the questions. Your answers will be confidential.

**Do you have to be in the study?**

No, you don't. No one will get angry or upset if you don't want to be in the study. Just tell us. And remember, you can change your mind later if you decide you don't want to be in the study anymore.

**Do you have any questions?**

You can ask questions at any time. You can ask now. You can ask later. You can talk to me or you can talk to someone else at any time during the study. Here are the telephone numbers to reach us:

Sharon Junge	4-H Youth Development Program	530-754-5809
Robyn Caruso	4-H Youth Development Program	530-752-8585

**ASSENT OF MINOR**

_____ Signature of the Minor	_____ Print Name
_____ Date	_____ Time
_____ Signature of the Investigator	_____ Print Name
_____ Date	_____ Time

**EXPIRES**  
 JUL 1 1 2008  
 Tufts SBEB IRB

**APPROVED**  
 APR 1 5 2008  
 Tufts SBEB IRB

VERSION DATE: 1/29/08

(10/2007)

