

**Mississippi State University**  
**Adult Student Informed Consent Form for Participation in Research**

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**Title of Research Study:** School Safety Initiative (Qualtrics/SONA Title)

**Study Site:** Starkville High School

**Researchers:** Colleen Sinclair, Rebecca Goldberg, Megan Stubbs-Richardson, and David May

**Purpose**

The purpose of this research is to explore whether high school students feel safe within school walls, whether they experience rejection from peers, and how they respond to those experiences.

**Procedures**

If you consent to participate in this research project, we will ask you to complete an online survey within Starkville High computer labs about experiences at school and away from school. Completing this initial survey means you are eligible for future studies. Depending on if your name is drawn for future studies, you may also be given the opportunity to maintain a daily diary about experiences at school over a two-week period in March and, later on, participate in an online survey and/or a social experiment at the Social Science Research Center, Social Relations Collaborative. Participation in the initial survey at Starkville High School is necessary for eligibility for future opportunities. Thus, opting out now will mean opting out of all future studies. Opting in for the initial survey makes you eligible for future studies, but you will receive separate consent forms for these follow-ups.

The total estimated time to participate in this initial research survey: 20-30 minutes

**Risks or Discomforts**

We feel that you will experience no more risk in this project than you would in your daily activities.

**Benefits**

Your participation in this project will help us gain knowledge about student safety in schools. With rising concerns about aggression in schools, we wish to assess the extent of these concerns among youth in Mississippi. This project is part of a national endeavor funded by the National Institute of Justice to make schools safer.

**Incentive to participate**

If you complete and turn in this consent form, you will be given your choice of the following compensation items: a metal water bottle, 4 GB portable USB flash drive, or ear buds as a token of our appreciation for your help.

**Confidentiality**

- Only members of the research team will know that you participated in this research. We will not release your name to any outside agency and we will not use your name in any reports we write as a result of this project.
- Note, names will not be connected to any data collected and each participant will be assigned a code number to track participation longitudinally over the span of 3 years. All data will be electronically stored, encrypted, and stored on a private server. This de-identified data will be archived and used for scholarly reports and presentations to improve school safety.
- If you consent to participate, your de-identified data (e.g., no names will be included in the data) may be used for research reports and publications. De-identified data will be archived at the National Archive of Criminal Justice Data (NACJD).

**Contacts and questions:**

- If you have any questions about this research or want additional information, please contact Social Relations Collaborative at 662-325-0774. For information regarding your rights as a research subject, please contact the MSU Research Compliance Office at 662-325-3994.

**If you do not want to consent:**

Please understand that your participation is **voluntary**. Your refusal to participate will involve **no penalty** or loss of benefits to which you are otherwise entitled. You may discontinue your participation **at any time** without penalty or loss of benefits. You may skip any items that you choose not to answer, or choose to leave the study. To do so, you simply tell the researcher that you wish to stop. Further, you have the right to refuse participation at any time. Refusal to participate will not impact current or future relationships with Mississippi State University.

**If after reading the information above, you consent to participate, please indicate so and sign below.** If you decide later that you wish to withdraw your consent, simply tell the researcher. You may discontinue your participation at any time. You will be given a copy of this form for your records.

\_\_\_\_\_  
 Student's name (please print full name clearly)

I, \_\_\_\_\_ (your name, please print),  
 Circle One: **DO** **DO NOT** consent to participate.

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date

\_\_\_\_\_  
 Investigator's Signature \_\_\_\_\_ Date