

Parent Permission Consent Form

You are being asked to allow your child to participate in a research project. This form provides you with information about the project. Please read the information below before deciding whether to allow your child to participate.

PLEASE RETURN THE FORM – indicating whether you *do* or *do not* consent to your child’s participation – BY September 30, 2018. It is important that we hear from you to know if you *do* want your child to participate.

Title of research project: School Safety Initiative (Qualtrics/SONA Title)

Site of research project: Mississippi State University Social Sciences Research Center

Name of researcher(s) from Mississippi State University:

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

The purpose of this research project:

- To explore how high school students respond to both friendly and unfriendly treatment in group settings with other students in a computer game.

If you agree to allow your child to participate in this research project, we will ask your child to do the following things:

- Your child will be asked to go to the Social Science Research Center (SSRC) Social Relations Collaborative where they will participate in a computer game called Cyberball. If you and your child consent to participate, at the time that our research assistants call you to schedule their child’s appointment, you will be able to indicate your preferred mode of transportation for your child to and from the study. We will be providing transportation for students to their homes upon completion of the Cyberball experiment. However, if you would like to pick your child up from the SSRC, or if your child has their own vehicle, then you will be able to tell the scheduler, and we will note that in the student’s appointment entry. You can provide transportation for your child, or your child can use the transportation provided by the school district using MSU drivers to the Social Science Research Center and then to your residence upon completion of the experiment. Upon arrival at the SSRC, your child will be asked to do the following;
 - Complete an online survey about themselves and their school experiences.
 - Create a profile of themselves to be used in the Cyberball game
 - Rate whether they “like” or “don’t like” a number of Social Media profiles of high school students.
 - Play the Cyberball game, whereby a ball is tossed between your child’s avatar and a number of other computer-generated avatars.
 - Complete a survey where they provide feedback about their experience in the Cyberball game and their fellow Cyberball participants.
 - Engage in a debriefing, where the purpose of the computer simulation is explained to them.

The total estimated time to participate in this project: 1 hour

The risks of participation:

- We feel that your child will experience no more risk in this project than s/he does in his/her daily activities.

The benefits of participation:

- Your child’s participation in this project will help us gain knowledge about the way students respond to friendly and unfriendly treatment by fellow students. 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.

Compensation:

- If you and your child agree to participate, your child will be given either a \$15 Walmart gift card, a \$15 Amazon gift card, or a \$15 iTunes gift card.

Confidentiality and privacy protections:

- Only members of the research team will know that your child participated in this research.
- Note, names will not be connected to any data collected. 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 agree to allow us to use your child’s de-identified data (e.g., no names will be included in the data) for research reports and publications, **please sign and date here:**

 Parent or *Legally Authorized Representative’s Signature _____
Date

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 your child to participate:

Please understand that your child’s participation is **voluntary**. Your refusal to allow your child to participate will involve **no penalty** or loss of benefits to which you or your child is otherwise entitled. You may discontinue your child’s participation **at any time** without penalty or loss of benefits. Further, your child has 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 agree to allow your child to participate, please indicate so and sign below. If you decide later that you wish to withdraw your permission, simply tell the researcher. You will be given a copy of this form for your records.

 Child’s name (please print full name clearly)

I, _____(your name)

Circle one: **DO DO NOT** consent to allow my child to participate.

 Parent of *Legally Authorized Representatives Signature _____
Date

*If a Legally Authorized Representative (rather than a parent), must have documentation to show LAR status.