

**Stanford Survey of Adolescent School Experiences:
Research Information Sheet Regarding Survey Participation**

DESCRIPTION: Your child is invited to participate in a **research study** on students' social, emotional, and physical well-being, as well as on students' educational goals and their views on the academic climate and expectations at their school and at home. Your child may be asked to participate in a questionnaire this year as part of this study.

TIME INVOLVEMENT: Your child's participation will take approximately 30-45 minutes.

RISKS AND BENEFITS: There are no risks to your child's involvement in the study, and the benefits may be that results from the study will provide insight into decreasing academic stress, increasing student engagement, and fostering greater student voice in school. There will be no payment for participation in this study. We cannot and do not guarantee or promise that you will receive any benefits from this study. Your decision whether or not to have your child participate in this study will not affect your child's grades in school.

PAYMENTS: You or your child will not receive payment for your participation.

SUBJECT'S RIGHTS: If you have read this form and have decided to allow your child participate in this project, please understand your child's **participation is voluntary** and you and your child have the **right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The alternative is not to participate.** Your child has the right to refuse to answer particular questions. Your child's individual privacy will be maintained in all published and written data resulting from the study. However, if your child shares information on the survey that makes us think there is a risk to their safety or someone else's safety, we will pass that information on to the school administration.

CONTACT INFORMATION:

Questions: If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Protocol Director, Denise Pope at (650) 736-1779.

Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at (650)-723-2480 or toll free at 1-866-680-2906. You can also write to the Stanford IRB, Stanford University, Stanford, CA 94305-5401.

Please print a copy of this page for your records. If you agree to have your child participate in this research, you do not need to return this form.

If you DO NOT agree to participate in this research, please put an "X" next to the statement below and return the form to the child's school.

_____ I DO NOT give consent for my son/daughter to be a part of this research study.

Parent / Guardian's Name (Please type your name below if you do not give permission for your child to participate):

The IRB determined that the permission of one parent is sufficient for research to be conducted under 45 CFR 46.404, in accordance with 45 CFR 46.408(b).

Date: _____

Child's Name : _____

Protocol Approval Date: 2/24/15

Protocol Expiration Date: 02/25/16