PARENTAL INFORMED CONSENT FORM

Identification of Project: 4-H Common Measures

Purpose of the Research:
The goals of this assessment include: (1) To obtain data on 4-H youths’ outcomes related to Positive Youth Development, 4-H Science, Citizenship, and Healthy Living; and (2) To obtain annual data that will assess the National 4-H program’s progress in achieving the outcomes established in each of the previously mentioned areas. The overall purpose is to inform and improve the replication of 4-H programming.

Procedures:
Your child will complete the Common Measures survey following or during their participation in a 4-H Program. Youth will take an online survey of approximate 15-20 minutes in length. If the web is not easily accessible, the youth will complete paper copies which the on-site facilitator will supply. If paper copies are used, the on-site facilitator will send paper copies to the Investigator for entry. Copies will be stored in a secure location until the study is complete and then destroyed.

Risks and/or Discomforts:
There are no known risks or discomforts associated with this research.

Benefits:
The information gained in this study will help improve future Science programs and provide 4-H with insight to the trainings/procedures necessary to improve future programs.

Confidentiality:
No information obtained in this study will identify an individual child. The data will be stored in a secure location at the offices of the investigating teams and on a secure server and will only be seen by the investigators and the managers of the online site during the study. The information obtained in this study will be analyzed and reported as aggregated data.

Compensation:
There will be no compensation for participating in this study.

Parent/Guardian Initials_______
Opportunity to Ask Questions:
You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. Or you may call the investigator at my office phone, XXX-XXX-XXXX.

Freedom to Withdraw:
You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the investigators, (Insert Name of LGU) or 4-H Youth Development. Your decision will not result in any loss or benefits to which you are otherwise entitled.

Consent, Right to Receive a Copy:
YOU ARE VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO ALLOW YOUR CHILD TO PARTICIPATE IN THE RESEARCH STUDY. YOUR SIGNATURE CERTIFIES THAT YOU HAVE DECIDED TO ALLOW YOUR CHILD TO PARTICIPATE HAVING READ AND UNDERSTOOD THE INFORMATION PRESENTED.

___________________________________________
Child’s Name

___________________________________________
Signature of Parent                   Date

IN MY JUDGEMENT THE PARENT/LEGAL GUARDIAN IS VOLUNTARILY AND KNOWINGLY GIVING INFORMED CONSENT AND POSSESSES THE LEGAL CAPACITY TO GIVE INFORMED CONSENT TO PARTICIPATE IN THIS RESEARCH STUDY.

___________________________________________
Signature of Investigator               Date

INVESTIGATOR

Name, Title