



Passive Consent Letter

December 4, 2009

Title: YOUTH VOICE PROJECT

Dear Parent/Guardian:

A child's ability to succeed is dependent upon an emotionally safe environment to learn.

One aspect of creating an emotionally safe environment is to proactively address students' concerns related to all forms of bullying. Bullying and harassment affect many students, yet seldom are *students* asked what really works to reduce these behaviors. Today, we are writing to extend an invitation to you for allowing us to engage your child in an educational research endeavor. The goal of the educational research project is to identify the most effective and realistic strategies for targets of bullying, adults, and peer bystanders to use to prevent and mitigate the effects of bullying. We believe it is time for *young people* to help define what effective interventions may look like in the school setting. Your school has requested to participate in this educational project. As such, all students are invited to be part of this exciting project. We are planning on surveying students in your school in the next few weeks and would like your permission to allow your son or daughter to participate in a brief computerized survey involving questions related to bullying. We know that bullying is a sensitive subject and thus, will take careful measures to ensure that appropriate sensitivity is provided. We will work with your school to provide a time that is most convenient for the students to take the survey.

The children will have an opportunity to read a list of various strategies to address bullying. All of the students will have an opportunity to complete the computerized survey as part of the normal educational process during the school day. You can view this survey online at <http://tinyurl.com/lz2o4q>. If you do not have access to the internet and would like a paper copy of the survey, please feel free to call **Michele Novak at 248-693-5638**. Please be assured that all student responses are confidential and can never be linked to individual names. The survey will take approximately 30-45 minutes and may be shorter depending upon the student. We will be surveying students in grades five through twelve. The results would be used to identify the most effective and realistic strategies for targets of bullying, adults, and peer bystanders to use to prevent and mitigate the effects of bullying.

All of the information provided by the children would be strictly confidential, and the answers they would provide will only be reported in a summary format. Students participating will not be asked their names or in any way identified by name. Since the student survey will be administered through the internet, your child's confidentiality will be kept to the degree permitted by the technology used. No guarantees can be made regarding the interception of data sent via the Internet by any third parties. The following may review and copy records related to this research: The Office of Human Research Protections in the U.S. Department of Health and Human Services Penn State University's Social Science Institutional Review Board Penn State University's Office for Research Protections. We stress that participation is completely voluntary and will ask all students for their assent before participating. Additionally, students may decline to answer specific questions at any time.

If you would prefer that your child does NOT participate in this study, please fill out the attached form by **January 4, 2010** and return it to his/her guidance counselor. If you do not wish for your child to participate, s/he will be given an alternate activity during this time period. In no way will your child's grade be affected or will s/he lose any benefits otherwise entitled even if your child chooses to withdraw early from the study. If your child's teacher does NOT receive the completed form requesting that his or her child be excluded from the research, signed by at least one of the parent or guardians by **January 4, 2010** the project will start as described above and your child will be entered into the educational research project.

If you have questions about the research design and implementation, please call Charisse Nixon at 814-898-6041. You can also call this number if you feel this study has negatively affected you. If you have any questions, concerns, problems about your rights as a research participant or would like to offer input, please contact The Pennsylvania State University's Office for Research Protections (ORP) at 814-865-1775. The ORP cannot answer questions about research procedures. All questions about research procedures can only be answered by the principal investigator. Please feel free to keep a paper copy of this letter for your records. Thank you.

Sincerely,

Charisse Nixon & Stan Davis

I REQUEST THAT MY CHILD NOT PARTICIPATE IN
“(Youth Voice Project)”

*Return to your child's guidance counselor by **January 4, 2010**
Only complete this form if you would like to exclude your child from the research.*

I request that my child, _____, not be included in the educational research describe above to take place on _____ in his/her regular educational classroom.

Parent/ Guardian Signature: _____

Parent / Guardian Name (PRINT): _____

Date: _____

If you do not want your child to participate in the research, please complete the form above, tear off the bottom portion, and return it to the Box For Signed Forms that will be located at the back of his or her classroom. THIS FORM MUST BE RETURNED BY **January 4, 2010**

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