Parent's/ Guardian's Permission Form for Psychology Battery Supplement Study

Your child, ____________________________, has been invited to take part in a study called the “Psychology Battery Supplement”. It is designed to teach students about self-report scales used in psychology research. It is also designed to help faculty and graduate students in the NYU Psychology Department by providing data for research studies and for selecting participants. It is being conducted by Professor Patrick Shroot, a faculty member and investigator in the Psychology Department and the Director of the Psychology Subject Pool. Because your child is under 18 years of age, he or she must have parental or guardian permission before his or her responses to the measures can be used in research studies.

The Battery Supplement consists of a series of scales about an individual’s feelings, attitudes and beliefs, knowledge of attitudes held by society in general, and perceptions of one’s own personality characteristics. Some questions might appear to be related to medical or mental health issues, but they are simply research questions and are not designed to provide diagnostic information to your child. It takes about an hour to complete and your child will receive one credit toward the introductory psychology research requirement. If your child chooses not to participate, he/she can fulfill the course research requirement in other ways besides participating in this study.

Taking part in this study is voluntary. Not taking part or withdrawing after the study has begun will not affect your child’s grade or academic standing in any way. If he/she withdraws at any time, your child will receive credit for the time completed. Your child has the right to skip or not answer any questions.

On this form, you must indicate whether or not you consent to having your child’s responses used as research data. If you consent to having your child’s responses used as data, they will be analyzed and may qualify you for additional studies, thus broadening your choices of future studies for the research requirement.

If your child qualifies for additional studies, we will need a way to contact him/her. Some researchers may want to contact him/her because they are seeking particular kinds of participants. If your child is willing to be contacted for studies, he or she filled out and submit a Confidentiality Key which includes his or her personal identity and contact information. How your child’s contact information might be used is described in detail later in this Permission Form, and you are asked about the uses to which you consent.

Confidentiality of your child’s responses will be strictly maintained by separating the responses from the Confidentiality Key, which includes identifying information. If your child gives informed consent, his/her responses will be available to qualified researchers conducting related research in the Psychology Department. Your child’s responses will only be connected with his/her identity if your child completes the Confidentiality Key, and this Key will only be available to those whom your child authorizes contact. The identified data will be stored in encrypted, password-protected files. Personal identifying information will never be directly linked with your child’s responses in any research report, publication or presentation. Only summary or statistical data will be used, so it will be impossible to identify your child or any other specific person from these reports. At the end of the semester all identifying information will be permanently removed from the archived data. De-identified data may be posted online when research results are published.
1. Permission for your child to participate: I give my permission to having my child’s responses used for research, which may qualify him/her for additional studies. (Without your permission, s/he cannot qualify.)

Parent’s or Guardian’s Signature ___________________________ Date ___________________________

Parent’s or Guardian’s Name (please print) ________________________________________________

As noted above, some researchers will want to select participants for particular studies, instead of relying on sign-ups. They may be looking for participants with particular skills, attitudes, beliefs, traits, cultural backgrounds, race, ethnicity or experiences. For example, they may want only left-handed people in their study. Or they may want to select a truly random sample of students from the class. If you and your child agree that your child may be contacted for particular studies through information on the Confidentiality Key, there are two ways this can happen. Either way, your child would be contacted only once per study.

Contact by the Departmental Representative: If you agree to this way of contacting your child, a designated Departmental Representative, who is specifically trained to keep participants’ identities confidential, will send him or her an email on behalf of researchers. The email will tell your child what studies s/he qualifies for, and invite him or her to sign up for them. Whether or not your child signs up for those studies is completely up to your child. Researchers will not know the identity of qualifying students (like your child) until they sign up for a particular study.

Contact by Researchers: If you and your child agree to this way of contacting him/her, the researchers will be allowed to review your child’s data and contact him or her directly by phone or email. They would call or email your child. The psychology department prefers this option because it is administratively simpler. But under it, you child’s identity will be known by researchers doing the studies for which your child qualifies, whether or not your child signs up for the studies.

Note that even if your child qualifies for a particular study (e.g., s/he is left-handed), we cannot get in touch with your child, to let him/her know this, unless you answer “Yes” to at least one of these two questions.

2. I agree that my child can be contacted by the Departmental Representative, if my child qualifies for particular studies.
   ______YES _______NO

3. I agree that my child can be contacted by researchers working on particular studies, if my child qualifies for them.
   ______YES _______NO

If there is anything about the study or your child’s part in it that is unclear or that you do not understand, if you have questions or wish to report a research-related problem, you may contact the principal investigator Professor Shrout at 212-998-7895, or at pat.shrout@nyu.edu, or at the Department of Psychology, 6 Washington Place, Room 753. For questions about your child’s rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects (UCAIHS), NYU, (212) 998-4808 or ask.humanssubjects@nyu.edu, 665 Broadway, Suite 804, New York, NY 10012.

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