

## Strengthening Families Consent Form

You and your child are invited to take part in an evaluation study of the impact of participating in the Strengthening Families program on youth and parents/caregivers. We are asking you to take part because you registered for the Strengthening Families program. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

**What the study is about:** The purpose of this study is to learn how parents and children's participation in the SFP strengthens parenting skills, builds family strengths and improves overall family well-being.

**What we will ask you to do:** If you agree to be in this study, we will ask you to provide demographic information about your household; your responses to this participant survey are optional. In addition, you and your child will be asked to complete an evaluation survey at both the beginning and end of your participation in SFP. The survey asks you and your child to respond to statements about family interactions and parenting practices on a frequency scale ranging from "none of the time" to "all of the time." The survey will take about 15 minutes to complete.

**Risks and benefits:** There are no risks to completing the evaluation survey and nor are there any direct benefits to participating for you or your child.

**Compensation:** You and your child will not be compensated for participating in this evaluation.

**Taking part is voluntary:** Taking part in this study is completely voluntary. You and your child may skip any questions in the survey that you do not want to answer. If either of you decide not to take part or to skip some of the questions, it will not affect current or future relationships with Cornell University. If you and/or your child decide to take part, both of you are free to withdraw at any time.

**Your answers will be confidential.** The records of this study will be kept private. In any sort of report we make public we will not include any information that will make it possible to identify you or your child. Research records will be kept in a locked file; only the researchers will have access to the records.

**If you have questions:** The researchers conducting this study are Professor Rachel Dunifon and Kimberly Kopko. Please ask any questions you have now. If you have questions later, you may contact Dr. Rachel Dunifon at [red26@cornell.edu](mailto:red26@cornell.edu) or at 607-255-6535 and Dr. Kimberly Kopko at [kak33@cornell.edu](mailto:kak33@cornell.edu) or by phone at 607-254-6517. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) by telephone at 607-255-5138, by electronic mail: [irbhp@cornell.edu](mailto:irbhp@cornell.edu), or access their website at <http://www.irb.cornell.edu>. You may also report your concerns or complaints anonymously through **Ethicspoint** or by calling toll free at 1-866-293-3077. Ethicspoint is an independent organization that serves as a liaison between the University and the person bringing the complaint so that anonymity can be ensured.

You may request a copy of this form to keep for your records.

**Statement of Consent:** I have read the above information, and have received answers to any questions I asked. I consent for myself and my child to take part in the study.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Child \_\_\_\_\_

Signature of Researcher Obtaining Consent \_\_\_\_\_

*This consent form will be kept by the researcher for at least three years beyond the end of the study and was approved by the IRB on September 11, 2007.*