

## Statewide Data Collection System for Parent Education Programs Consent Form

You are invited to take part in an evaluation study of the impact of participation in parent education programs on families in New York State. We are asking you to take part because you registered for a Parent Education Program offered by Cornell Cooperative Extension in your community. 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 statewide data collection system is used to assess the impact of participation in parent education programs on families in New York State. The collection of statewide data allows the Cornell Cooperative Extension system to report the importance of parent education to maintaining healthy families in our communities.

**What we will ask you to do:** If you agree to be complete this survey, we will ask you to answer a few questions about parenting and provide demographic information about your household. Your responses to this participant survey are optional. You will be asked to complete the survey at both the beginning and end of your participation in this parent education program. The survey asks you to respond to statements about family interactions and parenting practices on a frequency scale ranging from “almost always” to “never.” The survey will take about 15 minutes to complete.

**Risks and benefits:** There are no risks to completing the survey; nor are there any direct benefits to participating.

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

**Taking part is voluntary:** Taking part in this study is completely voluntary. You may skip any questions in the survey that you do not want to answer. If 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 decide to take part, 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 for Human Participants (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 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 to take part in the study.

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

Please Print Your Name \_\_\_\_\_

*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 February 24, 2008.*