

ROWAN UNIVERSITY SOCIAL NORMS PROJECT
PARENTAL PERMISSION FORM – **MIDDLE SCHOOL**

Dear Parents/Guardians:

Purpose:

Your student has been asked to take part in a statewide social norms research study that is being conducted in middle schools in New Jersey. The primary purpose of this survey is to learn about youth knowledge of, attitudes toward, and experience with bullying. The survey is being sponsored by the Rowan University Center for Addiction Studies in partnership with the New Jersey Department of Education. This research is important because state decision makers will use information from this study to help determine the best ways to address the bullying problem in schools. The information obtained from this survey will be used to develop and evaluate programs for decreasing bullying behavior among New Jersey youth.

Procedures:

In the next few weeks, all children in your student's class will be asked to fill out an on-line questionnaire about their attitudes toward and experience with bullying behavior. Your student will have the right to not answer any or all questions. Your student can stop taking the survey at any time without penalty. While participation by all students helps obtain accurate information, please note that your student's participation in the survey is *voluntary*. Students not participating in the survey will be provided with an alternative activity by their school.

If you choose, you are entitled to review a copy of the questionnaire prior to the survey date by contacting your student's school principal.

Privacy:

The survey that your student will be asked to fill out is completely anonymous. Your student's name will not appear on any form. This means that your student's responses will not be able to be linked to him or her. Your student's answers will never be shared with anyone in the school or the community.

All information on the data received from this study will be reported at the group level; no individual answers will be made available to anyone but the researchers. All information collected during the study will be protected according to the law.

Risks:

Some small risk is possible if someone from your student's school or community saw his or her answers to the survey. This risk is small since university researchers will conduct the survey and your student's name can never be linked to his or her answers. Also, your student's participation is completely *voluntary*. No action will be taken against the school, you, or your student, if your student does not take part. Your student can also choose to stop answering questions at any time.

Benefits:

Your student will receive no direct benefits from the study. Your student's school and community may benefit from the research because it could provide state and local decision-makers with information needed to design and implement anti-bullying programs.

Principal Investigator

This research is being conducted by Dr. Nadine M. Connell and Ms. Pam Negro at Rowan University. If you have any questions about the research study itself, please contact **Dr. Nadine Connell** at Rowan University [(856) 256-4500 x3536 or connelln@rowan.edu] or **Ms. Pam Negro**, Director of the Center for Addiction Studies [(856) 863 -2175 or negro@rowan.edu].

Thank you for helping to improve anti-bullying programs for your student and your community.

Please complete this permission form and return it to the school by _____.

It is very important that you return this form whether or not you allow your student to participate.

I state that I am 18 years old or older and I know that my student has been asked to take part in a research study at Rowan University. I have read and understand the information about the research study on the experiences and effects of bullying. I know that my student will be asked to complete a survey. I know that my student is free to not answer any question on the survey. I know that there will be no penalty if my student decides not to answer any question on the survey. I know that my student's answers to the survey can never be matched to his or her name. I know that my student can stop participating in the study at any time without penalty.

Please check one of the boxes below; fill in complete name information and sign consent form.

I hereby:

DO give my consent for my student to take part in the research study.

DO NOT give my consent for my student to take part in the research study.

Please Print

Parent/Guardian Name _____

Student Name _____

Date _____

If you are consenting to your student's participation, please sign the form below:

Signature of Parent/Guardian _____

PLEASE RETURN THIS COPY TO THE SCHOOL BY _____