

INFCONSENT

PARENTAL PERMISSION

Couple and Family Therapy Program Department of Psychiatry and Behavioral Health
TITLE OF STUDY: Cyberbullying: Prevalence, Coping, and Parental Monitoring
INVESTIGATOR(S): Katherine Hertlein, Ph.D., Rebecca Fargo, Tasha Lane, Charlotte Stephenson.

For questions or concerns about the study, you may contact Katherine Hertlein at 702-895-3210. For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted, contact the UNLV Office of Research Integrity – Human Subjects at 702-895-2794, toll free at 877-895-2794 or via email at IRB@unlv.edu.

Purpose of the Study: You are invited to give permission for your child to participate in a research study. The purpose of this study is to understand the prevalence of cyberbullying in Clark County School District and to understand the extent to which parental mediation practices moderate/influence the likelihood and impact of victimization from cyberbullying.

Participants: You are being asked to give consent/permission for your child to participate because you fit this criteria: you are a parent/guardian who has children enrolled in a Clark County School District middle or high school.

Procedures: If you give your child permission to participate in this study, your child will be asked to do the following: complete an anonymous survey administered online to about technology use and cyberbullying experiences. This survey will be offered through Qualtrics™.

Benefits of Participation: There may not be direct benefits to your child as a participant in this study. However, we hope to learn the prevalence of cyberbullying in Clark County School District and to understand the extent to which parental mediation practices moderate/influence the likelihood and impact of victimization from cyberbullying.

Risks of Participation: There are risks involved in all research studies. This study may include only minimal risks. Some questions may make you or your child uncomfortable. You and your child are able to withdraw your permission and participation within this study at any time.

Cost/Compensation: There will be no financial cost to your child to participate in this study. The study will take no more than 10 minutes of their time. Your child will not be compensated for their time.

Confidentiality: All information gathered in this study will be kept as confidential as possible. No reference will be made in written or oral materials that could link your child to this study. All records will be stored in a locked facility at UNLV for 10 years after completion of the study. After the storage time the information gathered will be destroyed.

Voluntary Participation: Your permission and your child's participation in this study is voluntary. You may refuse to give permission or have your child participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with UNLV. You are encouraged to ask questions about this study at the beginning or any time during the research study.

By checking this box, I attest that I have read the above information and give my child permission to participate in this study. I have been able to ask questions about the research study. I am at least 18 years of age. I can download a copy of this form from:
<http://khertlein.faculty.unlv.edu/contact/>

I agree

Your Child's Name

You Child's School

- Bailey
- Del Webb
- Mack
- Von Tobel

Parent signature:

×

SIGN HERE

clear

Parent Printed Name: