IRB# 2008N3890

**Consent Form**

**Texas State University at San Marcos**

My name is Tonia Howze and I am a graduate student attending Texas State University. I am requesting your permission to conduct a research study on the students enrolled at Judson Secondary Alternative School (JSAS), Judson Independent School District. Your child is being asked to participate in a research study because he is enrolled at JSAS. This form provides you with information about the study. I am the Principal Investigator, Tonia Howze (th1049@txstate.edu), and my representative Dr. Stephen Springer ([ss01@txstate.edu](mailto:ss01@txstate.edu)) can describe this study to you and answer all of your questions. Please read the information below and ask questions about anything you don’t understand before deciding whether or not to let your child take part. Their participation is entirely voluntary and they can refuse to participate without penalty or loss of benefits to which they are otherwise entitled. If you wish you may keep a copy of this consent form.

**Title of Research Study:** Youth and Health-Risk Behaviors

**Principal Investigators and Contact Telephone Numbers**: Tonia Howze, 210-867-2623. I am a graduate student attending Texas State University in San Marcos.

**Funding source:**

Research is not funded.

**What is the purpose of this research study?**

The purpose of this research study is to determine if there is a relation between middle and high school students and the types of health-risk behaviors they could be engaging in that are unhealthy, habit-forming, addictive, and dangerous and place their health at risk. Health-risk behaviors can be described as (Intentional and unintentional injuries; tobacco use; alcohol and other drug use, unhealthy dietary behaviors; and physical inactivity).

###### What will be done if you take part in this research study?

Middle and high school students will complete the Youth Risk Behavior Survey. It is a 60 questions survey and it takes about 30 minutes to complete. It is strictly voluntary, as well as confidential.

**What are the possible discomforts and risks?**

The primary risk to participants is the discomfort that can occur from being tested. We will do everything that we can to minimize any discomfort and to put them at ease. Your child may decline to answer any question(s) and they can choose to discontinue answering the survey at any time. If you wish to discuss the information above or any other risks they may experience, you may call the Principal Investigator listed above.

**What are the possible benefits to you or to others?**

A final report will be provided to school administrators based on the survey results.

**If you choose to take part in this study, will it cost you anything?**

There are no costs associated with participating in this study.

**Will you receive compensation for your participation in this study?**

###### There is no compensation for participating in this study.

**What if you are injured because of the study?**

This study does not involve physical risk and no injuries are anticipated; however, no treatment will be provided for research related injury and no payment can be provided in the event of a medical problem.

**If you do not want to take part in this study, what other options are available to you?**

Your child’s participation in this study is entirely voluntary. You are free to refuse your child to be in the study, and your refusal will not influence academic success at the Judson Secondary Alternative School.

How can you withdraw from this research study?

If you wish to stop your child’s participation in this research study for any reason, you should contact: Tonia Howze at 210-867-2623 or at [th1049@txstate.edu](mailto:th1049@txstate.edu) or razmti@aol.com. You are free to withdraw your consent and stop participation in this research study at any time without penalty. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study. In addition, if you have questions about your rights as a research participant, please contact Dr. Springer, Occupational Education, (512) 245-2115.

###### How will your privacy and the confidentiality of your research records be protected?

If the results of this research are published or presented at scientific meetings, you or your child’s identity will not be disclosed. I will give you the test and collect the test. Surveys will be maintain in a locked portable file cabinet until the end of the semester and then the data will be submitted to Texas State University and then destroyed. A final report will be provided to Texas State University and to the school principal based on the summary of the results. Summary of findings will be provided to you upon completion of the study, if requested. Your name will not be revealed at anytime.

Authorized persons from the Institutional Review Board have the legal right to review research records and will protect the confidentiality of those records to the extent permitted by law. If the research project is sponsored then the sponsors also have the legal right to review your research records. Otherwise, your research records will not be released without your consent unless required by law or a court order.

**Will the researchers benefit from your participation in this study?**

There is no benefit to researchers participating in this study beyond publishing or presenting the results**.**

Participation is voluntary and your child may withdraw from the study at anytime without prejudice or jeopardy to their standing with the University and any other relevant organization/entity with which the participants is associated. Your child may choose to not answer any question(s) for any reason. Pertinent questions about the research, research participants’ rights, and/or research-related injuries to participants should be directed to the IRB chair, Dr. Jon Lasser ([512-245-3413-lasser@txstate.edu](mailto:512-245-3413-lasser@txstate.edu)), or to Ms. Becky Northcutt, Compliance Specialist (512-245-2102).

**Signatures:**

I am required by law to report disclosed information to the appropriate authorities when: serious and foreseeable harm to the children or other is evident. Release of confidential information is required by court order or requested by the and their parents, child abuse or neglect is evident or suspected. Abuse, neglect or exploitation of adults and children who are vulnerable due to physical or mental impairment or advanced age is evident or suspected.

Your signature represents that you have been informed about this study’s purpose, procedures, possible benefits and risks, and you have received a copy of this Form. You and your child have been given the opportunity to ask questions before you sign, and you and your child have been told that you can ask other questions at any time. You voluntarily agree to allow your child to participate in this study. By signing this form, you are not waiving any of your legal rights.

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**Printed Name of Parent/Legal Guardian Date**

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**Signature of Parent/Legal Guardian Date**

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**Signature of Principal Investigator Date**

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I am asking you to participate in a research study because you are enrolled at JSAS. The title of my research study in research study is Youth and Health-Risk Behaviors. Health-risk behaviors can be described as ( Intentional and unintentional injuries; tobacco use; alcohol and other drug use, unhealthy dietary behaviors; and physical inactivity). The purpose of my research study is to determine if there is a relation between middle and high school students and the types of health-risk behaviors they could be engaging in that are unhealthy, habit-forming, addictive, and dangerous and place their health at risk. JSAS middle and high school students will be asked to volunteer to complete the Youth Risk Behavior Survey.

This survey is a 60 question survey and it takes about 30 minutes to complete. The survey will be given during a class period. I will give you the test and collect the test. Surveys will be maintain in a locked portable file cabinet until the end of the semester and then the data will be submitted to Texas State University and then destroyed. It is strictly voluntary, as well as confidential. The primary risk to you is the discomfort that can occur from being tested. I will do everything that I can to minimize this discomfort and to put you at ease. You may decline to answer any question(s) and you can choose to discontinue answering the survey at any time. If you wish to discuss the information above or any other risks you may experience, you may let me know.You will not being compensated in any way to participate in this research study. A final report will be provided to Texas State University and to the school principal based on the summary of the results. Summary of findings will be provided to you upon completion of the study, if requested. Your name will not be revealed at anytime.

**Signatures:**

I am required by law to report disclosed information to the appropriate authorities when: serious and foreseeable harm to the children or other is evident. Release of confidential information is required by court order or requested by the and their parents, child abuse or neglect is evident or suspected. Abuse, neglect or exploitation of adults and children who are vulnerable due to physical or mental impairment or advanced age is evident or suspected.

You have been informed about this study’s purpose, procedures, possible benefits and risks, and you have received a copy of this Form. You and your parent have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You are voluntarily agreeing to participate in this study. By signing this form, you are not waiving any of your legal rights.

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**Printed Name of Student Date**

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**Signature of Student Date**

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**Signature of Principal Investigator Date**