CONSENT FORM

Maintaining Sibling Connections – A Program Evaluation

IRB# 2009B8721

Research Conducted By:

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You are being asked to participate in a research study. You have been identified as someone who has knowledge of this organization; therefore, your participation in the research will be appreciated. This research is funded by a research grant provided by Texas State University-San Marcos. This form provides you with information about the study. The researcher/principal investigator (Dr. Ausbrooks) will also be available to describe this study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not you would like to participate.

Your participation is entirely voluntary. You can refuse to participate without penalty or loss of benefits to which you might otherwise be entitled. You can stop or terminate your participation at any time and your refusal will not impact current or future relationships with Texas State University-San Marcos or participating sites. To terminate participation in the study, simply inform the researcher of your desire to stop participation. You can also choose not to answer any question(s) asked for any reason. The researcher will provide you with a copy of this consent form for your records. As described above, there will also be no penalty or consequences for not answering all questions whether written or verbal.

**The purpose of this study** is toconduct a program evaluation of Family for Life. This evaluation will identify strengths and areas in need of development and/or modification within the agency.

**If you agree to participate in this study, you will be asked to do the following:**

* Complete a survey.
* Participate in an individual interview.

**Total estimated time to participate** in the study is about one hour. Thirty (30) minutes to complete the survey and 30 minutes for the individual interview.

**Risk** of being in the study is no greater than in every day life. You will not be asked to disclose personal information other than demographic information. The primary information obtained from you will be only your perceptions and opinions about the Family for Life agency and the services it provides. If you wish to discuss the information above or any other risks you may experience, you may ask questions now or call the Principal Investigator listed at the top of this form.

**Benefits** of being in the study are the information that will be learned about the organization, being able to share your knowledge, opinions, and areas of expertise, and assisting Family for Life in improving the services they provide to children in foster care throughout central Texas.

**Compensation:** You will receive no monetary compensation for participating in the study. However, you will receive a Texas State University-San Marcos t-shirt, tote bag, or other university memorabilia item.

**Confidentiality and Privacy Protections:**

The data resulting from your participation may be made available to other researchers and/or research assistants in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could identify you or associate you with your participation in the study.

The **records** of this study will be stored securely in the researcher’s locked office and kept confidential. Authorized persons from Texas State University-San Marcos, including members of the Institutional Review Board and/or grant funders have the legal right to review the research records and will protect the **confidentiality** of those records to the extent permitted by law. All publications that result from the research will exclude any information that will make it possible to identify you as a subject. Survey data and audiotapes will be kept in the researcher’s locked office for a period of one year at which time they will be destroyed. Signed consent forms will be kept in the researcher’s locked office for a period of three years per federal law.

**Contacts and Questions:**

If you have any questions about the study please feel free to ask. If you have questions later, want additional information, or wish to withdraw your participation, inform the researcher. The researcher’s name, phone number, and e-mail address are at the top of this page. If you have questions about your rights as a research participant, complaints, concerns, or questions about the research, please contact Dr. Jon Lasser, IRB Chair: 512-245-3413, lasser@txstate.edu, **or** Becky Northcut, Texas State University OSP IRB administrator: 512-245-2102 or email: bnorthcut@txstate.edu

**Statement of Consent:**

I have read the above information and have sufficient information to make a decision about allowing my child to participate in this study. I consent to participate in the study.

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Signature of Participant

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Signature of Investigator