

## **Consent Form for Online Survey**

Your child is invited to participate in a research study designed to learn more about the relationship between academic vigor and cognitive processing. Each participant will complete a web-based online survey measuring academic stress. The last question of the survey will include a timed task. The participant will be asked to complete this survey twice, once in November and once in January. It should take approximately five to seven minutes to complete the survey and timed task.

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### **Participation**

Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You are free to decline to answer any particular question you do not wish to answer for any reason.

### **Risks**

There is no potential psychological risk, as students will not be questioned about personal experiences nor physiological well being.

### **Confidentiality**

Your survey answers will be sent to Microsoft Forms, where data will be stored in a password protected electronic format. Microsoft Forms does not collect identifying information such as your name, email address, or IP address. Students will be assigned a subject number to match two surveys and two stroop tasks in November and January. All identities will be kept confidential by keeping consent forms in a locked filing cabinet. At no point will the researcher have access to the consent forms making the subjects unidentifiable to the researcher. Responses will remain confidential and the researcher will not be able to identify you or your answers. A third party will store consent forms in a locked file cabinet keeping the identity of the subject confidential. All responses will be deleted from the online survey and consent forms will be disposed of once the experiment is complete.

There is always the possibility of tampering from an outside source when using the internet for collecting information. While the confidentiality of your responses will be protected once the data are downloaded from the

internet, there is always the possibility of hacking or other security breaches that could threaten the confidentiality of your responses. Please know that you are free to decide not to answer any question.

### **Contact**

If you have questions at any time about the study or the procedures, you may contact my research supervisors, Robert Hildebrand or Krystyna Zajac at [hildebrr@vschsd.org](mailto:hildebrr@vschsd.org) and [zajack@vschsd.org](mailto:zajack@vschsd.org), respectively.

If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant in research have not been honored during the course of this project, or you have any questions, concerns, or complaints that you wish to address, you may contact the Valley Stream Central High School Science Department at (516) 561- 4400.

By signing below, you are giving permission for your child to participate in this survey. You may make a copy of this consent form for your records.

Child's Name (Please Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Email \_\_\_\_\_

Parent Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_