

Consent for Participation in an Evaluation Study

Title: Texas Launch Expansion: Family Strengthening through Incredible Years

Introduction

The purpose of this form is to provide you with information about an evaluation study. You have the choice about whether or not to participate in this study. Our staff can answer any question that you might have about your participation. Read the information below and ask any questions you might have. If you decide that you would like to be involved in this study, this form will be used to record your consent.

Purpose of the Study

You have been asked to participate in an evaluation study about the outcomes of the Incredible Years parenting program. The purpose of this study is to gather information about individuals' experiences with Incredible Years and any impact they believe it has had on them.

What will you be asked to do?

If you agree to participate, you will be asked to complete an interview and some surveys about you and your child, both before you begin the Incredible Years program and again after you complete the program. The interview and surveys will take approximately 45 minutes to complete. This study will include approximately 300 families across Texas.

What are the possible risks and benefits involved in this study?

There are no foreseeable risks to participating in this study. Families may benefit by having the opportunity to share your opinions and ideas about the program, and those opinions and ideas may help improve the program for other families.

Do you have to participate?

No, your participation is voluntary. You may decide not to participate at all or, if you start the study, you may withdraw at any time. Withdrawal or refusing to participate will not affect your relationship with [AGENCY NAME].

If you would like to participate, please sign and date this form and return it to the staff at your organization. You will also receive a copy of this form.

Will there be any compensation?

You will receive a \$20 gift card following the completion of each assessment meeting, for a total of \$40 to assist with transportation or time away from other responsibilities.

How will your privacy and confidentiality be protected if you participate in this research study?

The staff collecting the information, likely your Incredible Years group leader, will not share your name or other identifying information with the individuals conducting the evaluation study. Instead, they will label all surveys with a special study number that the evaluators cannot link to you. Any interviews will be in a private room within your organization or at your home. Staff will make sure that no one can hear your responses. Also, any study questionnaires that you complete at the clinic will be done in a private room at your organization.

Whom to contact with questions about the study?

Prior, during or after your participation you can contact [AGENCY CONTACT] at [PHONE NUMBER] or send an email to [EMAIL] for any questions or if you feel that you have been harmed.

If you agree to participate, please sign and date the form.

Signature

You have been informed about this study’s purpose, procedures, possible benefits and risks, and you have received a copy of this form. You 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 voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights.

Printed Name

Signature

Date

As a representative of this study, I have explained the purpose, procedures, benefits, and the risks involved in this study.

Print Name of Person obtaining consent

Signature of Person obtaining consent

Date