

Faculty: Informed Consent Form

Title of the Study: The Thriving Classroom: Strengths-Based Professional Development for Educators

Sponsor: Mayerson Academy

Principal Investigator: Mark Linkins

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Telephone: (610) 259-8699 (24 Hours)

Additional Contact: Mary Judd

Address: Bethlehem Central Middle School
332 Kenwood Rd.
Delmar, NY 12054

Please read this form carefully. Take time to ask the Principal Investigator or study staff member as many questions about the study as you would like. The Principal Investigator or study staff can explain words or information that you do not understand. You may contact them at the telephone number or email address listed above.

DESCRIPTION OF THE RESEARCH

You are invited to participate in a research study that involves a school-wide focus on helping students and staff members to become: (1) more aware of their own personal character strengths and (2) more deliberate in their use of character strengths in the classroom and across the school community.

You have been asked to participate because you are a member of the Bethlehem Middle School community and your feedback will help us to evaluate the effectiveness the Thriving Classrooms character strengths-based initiative.

The purpose of the research is to identify positive outcomes that result from a school-wide initiative focused on helping students and staff members to:
(1) identify and understand their individual character strengths profiles and
(2) apply their personal character strengths in productive ways.

This study will include Bethlehem Middle School students and staff members who decide to participate. The study plans to enroll up to 300 participants.

This study will take place at Bethlehem Middle School.

WHAT WILL MY PARTICIPATION INVOLVE?

If you decide to participate in this research, you will be asked to complete 2 questionnaire surveys on 4 separate occasions between 11/15/13 and 7/30/15. The questionnaires include only multiple choice items and will take most people approximately 30 minutes to complete. The questionnaire items address your perceptions about your own character strengths and your perceptions about character strengths in the classroom/school setting. The survey items address strengths (rather than deficits) and do not involve sensitive or emotionally difficult content. When you complete the surveys, you have the option of skipping any items that you prefer not to answer.

There is also the possibility that you will be asked to volunteer in a focus group discussion/interview. The questions would focus on your perceptions about the impact of the Thriving Classrooms character strengths initiative. Focus groups would consist of 5-10 people and are completely voluntary.

HOW WILL MY CONFIDENTIALITY BE PROTECTED?

While there may be publications as a result of this study, your name will not be used. Only group characteristics will be published. All data – including surveys responses and comments offered during focus groups – is de-identified. Your name (or other identifiable information) will not be known to the researchers involved in analyzing or writing about the data.

What are the potential risks and discomforts?

Although we will take all measures to maintain the privacy and confidentiality of your survey responses, a risk of this research is a loss of privacy (accidentally revealing to others that you are taking part in this study) or confidentiality (accidentally revealing information about you to others to whom you have not given permission to see this information). Researchers take these risks seriously. In order to minimize these risks, all participants will be assigned an arbitrary ID number to use when completing the assessments. All responses will be stored using only this ID number (not your name). All consent forms and other documents with participants' names and all data files for this project will be stored in a locked file cabinet or on password protected computers by the research project facilitator. See below for an extended discussion of privacy and confidentiality issues.

You may leave the study at any time for any reason.

Are there benefits to taking part in the research?

It is possible that you will not benefit directly from participating in the study. However, it is possible that participation may enhance your awareness of your own character strengths and others' character strengths.

What about privacy and confidentiality?

The people who will know that you are a research participant are members of the research team and any fellow staff members who are also participating in the study.

Only the researchers involved in this study will have access to your responses to questionnaires and these data will be coded by participants' arbitrary ID number. No information from the assessments about you will only be disclosed to others without your written permission, or if required by law.

Any research data obtained through surveys or focus groups which could be used to personally identify individuals will remain confidential and be included in group data analyses only. Confidentiality will be maintained through the following measures:

- When you are ready to complete the assessments, you will use the arbitrary participant identification number included on your personal copy of this informed consent document. With this number, your demographic information and survey responses will be recorded anonymously using Qualtrics, an online service that collects survey responses securely while protecting respondents' identities.
- Participants' names and identification numbers will be linked in a single file that will be kept on an offline computer in a remote office, accessible only to the on-site research coordinator. (The researchers who will be analyzing data will not be able to link identification numbers with individuals' names.) This file will be destroyed at the end of the study.
- Data will be analyzed using data files with arbitrary participant ID numbers, and only group aggregate statistics will be reported in any presentations, papers, publications, or other reports that might use the data from this study.

Will I be paid for my participation in this research?

No.

Is there any cost to me for my participation in this research?

No.

Financial Disclosure

Mark Linkins, the Principal Investigator, serves as a consultant for the Mayerson Academy, the study's sponsor. Mark Linkins receives greater than \$25,000 in compensation annually from Mayerson Academy for those services. Mark Linkins will not be involved in the recruitment or informed consent process for study participants or administering data collection. Speak with the Principal Investigator if you have additional questions.

Can I withdraw or be removed from the study?

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time or skip assessment questions without any penalty. Please contact the Principal Investigator Mark Linkins at the telephone number or email address listed on the first page of this form if you wish to leave the study.

Your part in the study may stop at any time for any reason, such as, the academy or the investigator decides to stop the study.

What are my rights as a research participant?

You do not have to take part in this study. Your participation in this study is voluntary. If you do not want to be in this study there will be no penalty.

If you feel you have not been treated according to the description presented here, or if you have any questions about your rights as a research participant, you may contact Mark Linkins.

You will be told about any new information found during the study that may affect whether you want to continue to take part.

WHOM SHOULD I CONTACT IF I HAVE QUESTIONS?

You may ask any questions about the research at any time. If you have questions about the research after you leave today you should contact the Principal Investigator: Mark Linkins at the telephone number or email address listed on the first page of this form. Your participation is completely voluntary. If you begin participation and change your mind you may end your participation at any time without penalty.

Please sign this form and send it to:

mary@maryjuddcommunications.com

or mail to:

Mary Judd Communications LLC
11 Herber Ave.
Delmar, NY 12054

If you have any questions or complaints about your child's rights as a research participant contact Chesapeake IRB:

- By mail:
 - Study Subject Adviser
 - Chesapeake IRB
 - 7063 Columbia Gateway Drive, Suite 110
 - Columbia, MD 21046
- or call **collect**: 410-884-2900
- or by **email**: adviser@irbinfo.com

Please reference the following number when contacting the Study Subject Adviser: Pro00008817

An IRB is a group of people who review research studies to protect the rights and welfare of research participants.

Your signature indicates that you have read this consent form, had an opportunity to ask any questions about your participation in this research and voluntarily consent to participate. You will receive a copy of this signed and dated form for your records. You will also be given your personal classified ID number.

Name of Participant (please print): _____

Signature of Participant

Date

HIPAA Authorization Agreement Permission to Review, Use and Release Information about You

If you decide to be in this study, the Principal Investigator and study team will use and share study data about you to conduct the study. Study data may include:

- Your name
- Your staff position
- Information from your study visits, including survey results.

Study data may come from your study records.

For this study, the study team may share study data about you with authorized users. Authorized users may include:

- Representatives of Mayerson Academy.
- Representatives of the Principal Investigator and study staff.
- Representatives of Qualtrics.
- Representatives of Chesapeake IRB (a Research Ethics Review Board that reviews this study).
- Representatives of government agencies.

The Principal Investigator and those working for the Principal Investigator may use the study data sent to them:

- (1) to help you identify and understand your individual strengths
- (2) to you apply your personal character strengths in productive ways.

Once your study data has been shared with authorized users, it may no longer be protected by federal privacy law.

Your permission to use and share study data about you will not end unless required by state law. If state law applies, your permission to use and share study data about you will end on December 31, 2063.

You may take back your permission to use and share study data about you at any time by writing to the Principal Investigator. If you do this, you will not be able to stay in this study. No new study data that identifies you will be gathered after your written request is received. However, study data about you that has already been gathered may still be used and given to others as described in this form.

Your right to access your study data in the study records will be suspended during the study to keep from changing the study results. When the study is over, you can access your study data.

If you decide not to sign this form, you will not be able to take part in the study.

STATEMENT OF AUTHORIZATION

I have read this form and its contents were explained. My questions have been answered. I voluntarily agree to allow study staff to collect, use and share my study data as specified in this form. I will receive a signed and dated copy of this form for my records. I am not giving up any of my legal rights by signing this form.

Name of Participant (please print): _____

Signature of Participant

Date