New York University
A private university in the public service
Faculty of Arts and Science
Department of Psychology
6 Washington Place, Room 601
New York, NY 10003-6634
Telephone: (212) 998-7874

Parent's/ Guardian's Permission Form for Introductory Psychology Battery Supplement

IRB-FY2018-2281

Your child, ________________________, has been invited to take part in a research study called the "Psychology Battery Supplement". It is designed to teach students about self-report scales used in psychology research. It is also designed to help faculty and graduate students in the NYU Psychology Department by providing data for research studies and for selecting participants. It is being conducted by Professor Patrick Shrot, a faculty member and investigator in the Psychology Department and the Director of the Psychology Subject Pool.

Because your child is under 18 years of age, he or she must have parental or guardian permission before his or her responses to the measures can be used in research studies.

The Supplement is a survey containing a series of questions about feelings, attitudes and beliefs, personality characteristics and perceptions. It takes about 30 minutes to complete and your child will receive one half credit toward the introductory psychology research requirement. Students who withdraw before the end of the study, will receive credit for the time they have completed. If your child chooses not to participate, he/she can fulfill the course requirement in other ways besides participating in this study.

On this form, we ask you to indicate whether or not you consent to having your child's responses used as research data. If you consent to having your child's responses used as data, they will be analyzed and may qualify your child for additional studies.

If your child qualifies for additional studies, we will need a way to contact him/her. Some researchers may want to contact him/her because they are seeking particular kinds of participants. If your child is willing to be contacted particular studies, he or she filled out and submit a Confidentiality Key which includes his or her personal identity and contact information. How your child's contact information might be used is described in detail later in this Permission Form, and you are asked about the uses to which you consent.

There are no known risks associated with your child's participation in this research beyond those of everyday life. Although your child will receive no direct benefits for participation in this study, it may make your child more aware of how knowledge is discovered in psychological science. Some questions might appear to be related to mental health issues, but they are simply research questions and are not designed to provide diagnostic information to you or your child.

Taking part in this study is voluntary. Not taking part or withdrawing from the study will not affect your child's grade or academic standing in any way. Except for a few basic demographic questions at the beginning, your child has the right to skip any questions that he/she prefers not to answer.

Confidentiality of your child's responses will be strictly maintained by separating the responses from the Confidentiality Key, which includes identifying information. If your child gives informed consent, his/her responses will be available to qualified researchers conducting related research in the Psychology Department. Your child's responses will only be connected with his/her identity if your child completes the Confidentiality Key, and this Key will only be available to those whom your child authorizes contact. The identified data will be stored in encrypted, password-protected files. Personal identifying information will never be directly linked with your child's responses in any research report, publication or presentation. Only summary or statistical data will be used, so it will be impossible to identify your child or any other specific person from these reports. At the end of the semester all identifying information will be permanently removed from the archived data. Information not containing identifiers may be used in future research or shared with other researchers without your or your child's additional consent.
If your child qualifies for additional studies, we will need a way to contact him/her. Some researchers may want to contact him/her because they are seeking particular kinds of participants. If your child is willing to be contacted for particular studies, he or she will fill out and submit a Confidentiality Key that includes his or her personal identity and contact information. How your child’s contact information might be used is described in detail later in this Permission Form, and you are asked about the uses to which you consent.

1. **Permission for your child to participate:** I give my permission to having my child’s responses used for research, which may qualify him/her for additional studies. (Without your permission, s/he cannot qualify.)

   
   Parent’s or Guardian’s Signature  
   Date

   Parent’s or Guardian’s Name (please print)

As noted above, some researchers will want to select participants for particular studies, instead of relying on sign-ups. They may be looking for participants with particular skills, attitudes, beliefs, traits, cultural backgrounds, race, ethnicity or experiences. For example, they may want only left-handed people in their study. Or they may want to select a truly random sample of students from the class. If you and your child agree that your child may be contacted for particular studies through information on the Confidentiality Key, there are two ways this can happen. Either way, your child would be contacted only once per study.

**Contact by the Departmental Representative:** If you agree to this way of contacting your child, a designated Departmental Representative, who is specifically trained to keep participants’ identities confidential, will send him or her an email on behalf of researchers. The email will tell your child what studies s/he qualifies for, and invite him or her to sign up for them. Whether or not your child signs up for those studies is completely up to your child. Researchers will not know the identity of qualifying students (like your child) until they sign up for a particular study.

**Contact by Researchers:** If you and your child agree to this way of contacting him/her, the researchers will be allowed to review your child’s data and contact him or her directly by phone or email. They would call or email your child. The Psychology Department prefers this option because it is administratively simpler. But under it, your child’s identity will be known by researchers doing the studies for which your child qualifies, whether or not your child signs up for the studies.

Note that even if your child qualifies for a particular study (e.g., s/he is left-handed), **we cannot get in touch with your child, to let him/her know this, unless you answer “Yes” to at least one of these two questions.**

1. **I agree that my child can be contacted by the Departmental Representative, if my child qualifies for particular studies.**
   
   _____ YES  _____ NO

2. **I agree that my child can be contacted by researchers working on particular studies, if my child qualifies for them.**

   _____ YES  _____ NO

If there is anything about the study or your child’s part in it that is unclear or that you do not understand, if you have questions or wish to report a research-related problem, you may contact the principal investigator Professor Shrout at 212-998-7895, or at pat.shrout@nyu.edu, or at the Department of Psychology, 6 Washington Place, Room 524. For questions about your child’s rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects (UCAIHS), NYU, (212) 998-4808 or ask.humansubjects@nyu.edu, 665 Broadway, Suite 804, New York, NY 10012.

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