



## UNIVERSITY OF SOUTH ALABAMA

### Promoting Character Development in Youth Research Study

Dear Parent or Guardian,

The Boys and Girls Club and ICU Mental Health are participating in a research study called “Promoting Character Development in Youth” with University of South Alabama (USA). We want to help students to think about what a good life looks like, and how they can make a good life for themselves. To do this, the staff will be teaching the Empowered program to youth who are participating in Teen Talk through ICU Mental Health. As part of a research study, we are asking students and staff to fill our surveys before and after participating in the Empowered program. We are also asking students to answer a 4-item questionnaire each week, so we can see if Empowered is helping.

We will be collecting information from students and The Boys and Girls Club staff as part of the project, before the Empowered program starts and after it ends. This information includes the following:

1. **Child Self-Report.** Your child will complete a survey at two different times (before and immediately after the Empowered program). If selected, your child may also be asked to complete one additional survey within 90 days of completing the Empowered program. Your child will answer questions about him- or herself, such as about his or her thoughts and behaviors. Additionally, each week your child will also complete a 4-item questionnaire about how things are generally going in their lives.
2. **Staff Report.** The staff will complete a survey about your child’s behavior.

We are collecting this information so that we can see if the Empowered program helps students, and to figure out how we can make the Empowered program better. We will keep the information completely confidential, and only research staff at on the project will be able to look at it. We will assign your child a secret ID number, so their names will not be linked to their, or the staff’s, answers on the survey. The information linking your child’s name to their secret ID number will be kept in a locked file cabinet in a locked office, and on a password-protected computer.

Your child’s participation in the project is completely voluntary. Even if you decide not to let your child complete the surveys, or if your child decides not to complete the surveys, it will not affect whether your child receives the Empowered program. If your child does participate in the project, your child can choose not to answer any questions or choose to stop participating at any time.

Your child will receive a \$10 gift card for each survey (up to \$30) even if they skip questions.

One possible risk of participating in the study is that some of the questions may cause your child to think more about their experiences, and they may want to talk to someone else about them. We think that there are benefits to participating, including that you and your child would be helping us to improve the Empowered program so that we can help more students. If you have any questions about the study, please call Dr. Krista Mehari (project director at USA) at 251-460-7716, or email at [mehari@southalabama.edu](mailto:mehari@southalabama.edu). For questions about your rights as a research participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the Institutional Review Board at 251-460-6308 or email [irb@southalabama.edu](mailto:irb@southalabama.edu)

	USA Institutional Review Board	
	Approved:	05/17/2021
	IRB Number:	20-193/1595688-3

Please keep the first page. No action is required if you agree for your child to participate in the study.

**If you do not want your child to participate in the surveys**, please sign this page and return to ICU Mental Health or The Boys and Girls Club. Otherwise, you can mail it in an envelope to

Krista Mehari, PhD  
University Commons 1000  
307 N. University Blvd  
Mobile, AL 36688

If you prefer, you can call the researcher, Dr. Krista Mehari, at 251-460-7716, and leave a message stating your child's name and that you do not agree for your child to participate in the study.

Please select one:

I **do not agree** for my child to participate in the surveys or interviews.

PLEASE PRINT:

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/guardian name (Your Name): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

