PERMISSION FORM
Teenagers’ Stories About Family Life
Principal Investigator: Judith Smetana, Ph.D.
Project Coordinator: Jessica Robinson

This permission form describes a research study, what you may expect if you decide to allow your child to take part and important information to help you make your decision. Please read this form carefully.

The study staff will explain this study to you. Please ask questions about anything that is not clear before you decide whether or not want your child to participate. You may take time to think about this and discuss your decision with family or friends.

➢ Being in this study is voluntary – it is your choice whether or not to permit your child to be in the study.
➢ If you decide to allow your child to be in the study, you can change his or her mind and stop at any time.
➢ There are risks from participating and you should understand what these mean to you and your child.

Introduction
Your child is being asked to take part in this study because he or she is a Rochester area 7th, 8th, 10th, or 11th grader (ages 12-17 years).

This study is being conducted by Dr. Judith Smetana of the University of Rochester’s Department of Clinical and Social Sciences in Psychology.

Purpose of Study
As teens grow older and become more independent, they typically tell their parents less about their friends and their activities. Although this may be a concern for parents, it is a normal part of growing up. In this project, we are interested in the stories teenagers tell about times when they chose to reveal to or conceal their behavior from parents, the lessons they learned from those times, and more generally, how they get along with parents.

Description of Study Procedures
If you decide to allow your teen to take part in this study, he or she will be asked to complete some surveys that ask about relationships and communication with parents and their thoughts and feelings about themselves. A trained interviewer also will conduct a short interview with your teen about situations where he or she told you or kept secrets about activities or friends.

Number of Subjects
Approximately 100 subjects will take part in this study.

**Duration of the Study**
Your child’s participation in the study will last about an hour. The interviews take about a half hour. The surveys take 20-30 minutes and can be completed at the time of the interview or at home, by accessing the surveys through a secure, online link.

**Risks of Participation**
The questions we ask are about everyday situations that are common during the teenage years. Your child will only be asked to discuss situations he or she feels comfortable talking about, but your teen may feel that some of the questions are sensitive in nature, and he or she may reveal some sensitive information. Your child may choose not to answer any question for any reason, and our interviewers are trained to handle any discomfort that may arise. If your teen is experiencing psychological difficulties, we can provide you with a list of referrals for psychological services.

**Benefits of Participation**
Your student will not directly benefit from being in this research study.

**Payments**
Your teen will be paid with a $10 online Amazon gift card for taking part in this study. He or she will receive this gift card a week to two weeks after participating in the study.

**Confidentiality of Records**
All information we obtain from your teen will be held in the strictest confidence within the confines of New York State law and will be identified only by a number. Only project staff will have access to this information.

While we make every effort to keep information we learn about your teen private, this cannot be guaranteed. If concerns arise about the welfare of your child, a member of the project professional staff will talk to you about these concerns to make sure that any support you need is made available. The permission form you sign may be inspected by the University of Rochester. The results of this research study may be presented at meetings or in publications; however, your child’s responses are confidential, and his or her identity will not be disclosed in those presentations.

**Contact Persons**
For more information concerning this research or if you feel that your child’s participation has resulted in any research related emotional or physical discomfort please contact: Judith Smetana at 585-275-4592.

Please contact the University of Rochester Research Subjects Review Board at 265 Crittenden Blvd., CU 420315, Rochester, NY 14642, Telephone (585) 276-0005 or (877) 449-4441 for the following reasons:
- You wish to talk to someone other than the research staff about your rights as a research subject;
- To voice concerns about the research;
- To provide input concerning the research process;
• In the event the study staff could not be reached.

Voluntary Participation
Taking part in this study is voluntary. Your child is free not to take part or to withdraw at any
time, for whatever reason. No matter what decision you and your child make, there will be no
penalty or loss of benefit to which you and your child are entitled. In the event that your child
withdraws or you withdraw your child from this study, the information your child has already
provided will be kept in a confidential manner.

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SIGNATURE/DATES

After reading and discussing the information in this permission form you should understand:

• Why this study is being done;
• What will happen during the study;
• Any possible risks and benefits to your child;
• Other options your child may have instead of being in the study;
• How your child’s personal information will be protected;
• What to do if you have problems or questions about this study.

Parent Permission
I have read (or have had read to me) the contents of this permission form and have been
encouraged to ask questions. I have received answers to my questions. I agree to allow my
child to participate in this study. I have received (or will receive) a copy of this form for my
records and future reference.

(Printed by Parent)

Signature of Parent      Date

Person Obtaining Permission
I have read this form to the parent and/or the parent has read this form. I will provide the
parent with a signed copy of this permission form. An explanation of the research was given
and questions from the parent were solicited and answered to the parent’s satisfaction. In
my judgment, the parent has demonstrated comprehension of the information. I have given
the parent adequate opportunity to read the permission form before signing.

Name and Title (Print)

Signature of Person Obtaining Permission      Date