

KC TEEN PLAZA PROJECT

INTRODUCTION

The Institute for Policy & Social Research at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish your child to participate in the present study. Even if you agree to allow your child to participate, your child will be free to withdraw at any time.

PURPOSE/ PROCEDURES OF THE STUDY

The goal of this survey will be to understand what youth flash mobs are and why they happen - more specifically, we seek to understand teen activity and violence as they relate to flash mobs. A second goal of the focus groups will be to determine what can be done to limit negative consequences resulting from youth flash mobs.

Your child will be asked for his/her answers to questions in a focus group setting, for no longer than two hours on the specified date. The group will either be 17-year-olds and younger or 18-year-olds and older, depending on your child's age. Information provided to the survey by your child will not be revealed to you. Your child's responses will be recorded. Audio tapes will be used by the researchers only and stored in a locked cabinet.

Your child will be asked for his/her answers to questions on an online survey, for no longer than two hours on the specified date. Your child's survey responses will be recorded. Information provided to the survey by your child will not be revealed to you. Your child can stop taking the survey at any time.

RISKS/ BENEFITS

No risks are anticipated for your child as a result of his/her participation in this study. There are no anticipated benefits for your child, as a result of his/her participation in this study.

PARTICIPANT CONFIDENTIALITY

Your child's name will not be associated in any publication or presentation with the information collected about your child or with the research findings from this study. Instead, the researcher(s) will use a study number or a pseudonym rather than your child's name. Your child's identifiable information will not be shared unless required by law or unless you give written permission. Permission granted on this date to use and disclose your child's information remains in effect indefinitely. By signing this form you give permission for the use and disclosure of your child's information, excluding your child's name, for purposes of this study at any time in the future.

REFUSAL TO SIGN CONSENT AND AUTHORIZATION

You are not required to sign this Consent and Authorization form and you may refuse to do so without affecting your right to any services you are receiving or may receive from the University of Kansas or to participate in any programs or events of the University of Kansas. However, if you refuse to sign, your child cannot participate in this study.

PARTICIPANT CERTIFICATION:

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my child's rights as a research participant, I may call (785) 864-7429, write to the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7568, or email irb@ku.edu.

I agree to allow my child to take part in this study as a research participant. By my signature I affirm that I have received a copy of this Consent and Authorization form.

_____	_____
Type/Print Participant's Name	Date

Parent/Guardian Signature	

Researcher contact information for questions about participation or information on the study:

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