

## Parent Consent Form

Positive Youth Development Outcomes in 4-H Clubs and Activities

**Researcher(s):** Christine Wade, Warren Crawford, Dawn Sanchez, Robin Schamber, Kim Reaman, Johnathan Despain, and Alex Malcolm, University of Wyoming Family and Consumer Science/Extension 4-H & Youth Development Program.

The purpose of this study is to assess the effectiveness of 4-H clubs and activities in contributing to positive youth development. To help us collect data for this study we are seeking permission for your child to complete a positive youth development survey. The survey contains 55 questions designed to measure changes in youth development. Each item is rated on a four-point scale: (1) Strongly disagree; (2) Disagree; (3) Agree; and (4) Strongly agree. The survey follows the *Five C's Model of Youth Development*, by measuring your child's 1) Confidence; 2) Competence; 3) Character; 4) Caring; and 5) Connection. Measurement of a 6th C- Contribution is included in this instrument. The survey will take approximately 15 minutes to complete.

We believe there is little risk to your child in participating in this study. ***The potential risk is limited to possible feelings of uneasiness or discomfort if questions are associated with prior negative experiences or feelings.*** If, however, your child becomes uncomfortable or anxious, we will take a break, stop, or withdraw the youth from the project altogether. ***If you do not want your child to participate in the study you can completely withdraw by contacting Warren Crawford at 307-766-5170 or [crawford@uwyo.edu](mailto:crawford@uwyo.edu).*** There are no direct benefits to your child. The results of this study, however, will increase our knowledge of the various interactions that occur during 4-H club meetings, events, and/or activities. This knowledge will potentially enhance the programs and services currently offered for them.

All records will be kept confidential *to the extent allowed by law. Data will only be available only to professional researchers and staff. The PI or project director will collect the data and the signed consent forms and they will be kept in a designated and safe location for three years. Data will be entered into an electronic database and stored on a password protected hard drive on the University of Wyoming server.* If the results of this study are published, the data will be presented in group form and individual participants will not be identified. The data will be stored in a secure location on the University of Wyoming campus and after 3 years, any paper copies will be shredded and destroyed.

Your child's participation is voluntary and he/she can withdraw at any time. If your child declines or withdraws from the project, your child's standing in the 4-H club, event, and/or activity will not be affected.

We also ask that you read this letter to your child (if age-appropriate) and inform your child that participation is voluntary. At the time of the study, your child will once again be reminded of this by the researcher.

If you have questions about this research project, please contact any of the people listed below.  
Christine Wade at 307-766-4145

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Warren Crawford at 307-766-5170

Kim Reaman at 307-766-5170

Alex Malcolm at 307-857-3654

Dawn Sanchez at 307-783-0570

Robin Schamber at 307-367-4380

Johnathan Despain at 307-766-5170

This research has been reviewed and approved by the University of Wyoming's Institutional Review Board (IRB). ***If you have questions about your rights as a research subject, please contact the University of Wyoming IRB Administrator at 307-766-5320.***

**Parental Consent required for all subjects less than 18 years of age.**

When you sign this consent, you are agreeing to the following:

- I understand that participation in this study is voluntary.
- I understand that I/my child may refuse to participate in this study.
- I understand that, for any reason, I/my child can stop participation in this study at any time, and there will be no negative consequences for me or my child if we stop participation.
- I have been fully informed of the above-described study with its risks and benefits.
- I have received a signed copy of this consent form.
- I give permission for my child's participation in the study. I also give permission for the information collected about my child to be used by the research team.
- I understand that, in order to participate in this project, my child must also agree to participate.

**My child qualifies for free or reduced lunch? \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Choose not to answer**

**Name of Child (Print):** \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of parent/Legal guardian