



## Consent to Participate in a Research Study

### KEY INFORMATION FOR STUDENT PERCEPTIONS OF PHYSICAL ACTIVITY BREAKS, MINDFULNESS, AND STRESS

We are asking you to choose whether or not to allow your child to volunteer for a research study about his/her perception of activity breaks they choose to take, mindfulness, and stress. We think it might help children at other schools if they had similar opportunities. This page is to give you key information to help you decide whether to allow your child to participate. We have included detailed information after this page. Feel free to ask the research team questions. The contact information for the research investigator in charge of the study is below.

#### WHAT IS THE STUDY ABOUT AND HOW LONG WILL IT LAST?

The purpose of this study is to learn how children feel about activity breaks they choose to take, mindfulness, and stress. Your child's participation in this research will take about 4 hours spread over 6 weeks.

These physical activity breaks are about 5-minute breaks that a student can choose to take at any time during the school day in a designated area of the school, to walk and move around. Students taking their chosen breaks will be monitored by school personnel for safety purposes. Teachers may stop a student at any time if the student is misbehaving or they feel the breaks are becoming more distracting to the student.

#### WHAT ARE KEY REASONS YOU MIGHT CHOOSE TO ALLOW YOUR CHILD TO VOLUNTEER FOR THIS STUDY?

You might choose to allow your child to volunteer for this study because children who participate will be able to share their opinions, and this might help others in the future. For a complete description of benefits and/or rewards, refer to the Detailed Consent.

#### WHAT ARE KEY REASONS YOU MIGHT CHOOSE NOT TO ALLOW YOUR CHILD TO VOLUNTEER FOR THIS STUDY?

You might not choose to allow your child to volunteer for this study because we will ask him/her to take a few minutes at the end of each school day to fill out a log, as well as some time at the beginning and end of the study to complete surveys and an interview. For a complete description of risks, refer to the Detailed Consent.

#### DOES YOUR CHILD HAVE TO TAKE PART IN THE STUDY?

If you decide to allow your child to take part in the study, it should be because you really want to allow him/her to volunteer. Your child will not lose any services, benefits, or rights he/she would normally have if you choose not to allow him/her to volunteer.

As a student, if your child does not take part in this study, this choice will have no effect on his/her academic status or class grades.

Always include this statement if working with child subjects in classroom settings.

#### WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS OR CONCERNS?

If you have questions, suggestions, or concerns regarding this study or you want to withdraw your child from the study contact \_\_\_\_\_ of the University of Kentucky, Department of \_\_\_\_\_ at 859-257-XXXX or \_\_\_\_\_@uky.edu.

If you have any concerns or questions about your child's rights as a volunteer in this research, contact staff in the University of Kentucky (UK) Office of Research Integrity (ORI) between the business hours of 8am and 5pm EST, Monday-Friday at 859-257-9428 or toll free at 1-866-400-9428.

## DETAILED CONSENT:

### ARE THERE REASONS WHY YOUR CHILD WOULD NOT QUALIFY FOR THIS STUDY?

There are no reasons why your child would not qualify for this study unless he/she is not a 3<sup>rd</sup> -5<sup>th</sup> grade student at Example Elementary School.

### WHERE WILL THE STUDY TAKE PLACE AND WHAT IS THE TOTAL AMOUNT OF TIME INVOLVED?

The research procedures will be conducted at your child's school in Lexington, KY. The total amount of time your child will be asked to volunteer for this study is approximately 4 hours over the next 6 weeks.

### WHAT WILL YOUR CHILD BE ASKED TO DO?

Your child will be asked to do three things:

1. complete four questionnaires about mindfulness and stress,
2. log each day whether he/she chose to take a break to get some physical activity,
3. take part in a group interview asking his/her opinions of these breaks and how they affected mindfulness and stress.

The form should be written to the parent, about the child. Ensure you refer to the child as the subject throughout the form.

At the beginning, your child will complete two surveys about mindfulness and stress. These will take about 20 minutes. Then at the end of each school day, your child will be asked to fill out a log about whether he/she chose to take a physical activity break. Each log will take about 5 minutes. At the end of the 6 weeks, your child will be asked to complete four surveys about mindfulness and stress. Two of these are the same surveys he/she filled out at the beginning of the study. These will take about 40 minutes total. Finally, we will ask your child to participate in a group interview that will last about 30 minutes.

Your child may skip questions on the surveys and interviews that he/she does not want to answer.

### WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

To our knowledge, the things your child will be doing have no more risk or discomfort than he/she would experience in everyday life.

### WILL YOUR CHILD BENEFIT FROM TAKING PART IN THIS STUDY?

We do not know if your child will get any benefit from taking part in this study. However, some people have become more aware of how physical activity breaks have helped them with anxiety or stress.

### IF YOUR CHILD DOESN'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If your child does not want to be in the study, there are no other choices except not to take part in the study.

### WHAT WILL IT COST FOR YOUR CHILD TO PARTICIPATE?

There are no costs associated with taking part in this study.

### WHO WILL SEE THE INFORMATION THAT YOUR CHILD GIVES?

When we write about or share the results from the study, we will write about the combined information. We will keep your child's name and other identifying information private.

We will make every effort to prevent anyone who is not on the research team from knowing that your child gave us information, or what that information is. We will keep all data stored in a locked office, and the researchers will be the only ones who have access.

There are some circumstances in which we may have to show your child's information to other people. For example, the law may require us to share the information with:

- authorities, if your child has a reportable disease; if your child reports information about a child being abused, if your child poses a danger to himself/herself or someone else; and/or
- To ensure the study is conducted properly, officials at the University of Kentucky may look at or copy pertinent portions of records that identify your child.

**CAN YOUR CHILD CHOOSE TO WITHDRAW FROM THE STUDY EARLY?**

Your child can choose to leave the study at any time. He/she will not be treated differently if he/she chooses to stop being in the study. If your child leaves the study early, data collected until that point will remain in the study database and may not be removed.

**WILL YOUR CHILD RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?**

Your child will not receive any rewards or payment for taking part in the study.

**WILL YOUR CHILD BE GIVEN INDIVIDUAL RESULTS FROM THE RESEARCH TESTS/SURVEYS?**

Generally, surveys done for research purposes are not meant to provide results that apply to individuals. We will not provide you with your child’s individual research results.

**WHAT ELSE DO YOU NEED TO KNOW?**

If your child volunteers to take part in this study, he/she will be one of about XX children to do so.

**WILL YOUR CHILD’S INFORMATION BE USED FOR FUTURE RESEARCH?**

Your child’s information collected for this study will NOT be used or shared for future research studies, even if we remove the identifiable information like [list some identifiers you will collect; examples include name and date of birth].

**INFORMED CONSENT SIGNATURES**

This consent includes the following:

- Key Information Page
- Detailed Consent

You are the research volunteer or are authorized to act on behalf of the research volunteer. You will receive a copy of this consent form after it has been signed.

_____	_____
<b>Signature of Parent or Guardian</b>	<b>Date</b>
_____	_____
<b>Printed name of Parent or Guardian</b>	<b>Relationship to Child</b>
_____	
<b>Printed name of Child</b>	

The signature section should have spaces for:

- the parent/guardian to sign and date
- the parent/guardian’s printed name
- the relationship of the signatory to the child
- the child’s printed name

You should only include the “Printed name of [authorized person obtaining informed consent]” if parents will sign in your presence. Leave that off if you’re sending the forms home!