

**Georgia State University  
Department of Psychology  
Parent Permission Form**

**Title:** Saturday School Family Study  
**Principal Investigators:** Robert D. Latzman, Ph.D.  
John E. Kesner, Ph.D.

**I. Purpose:**

Your child is invited to participate in a research study because he/she is enrolled in the Saturday School program. The goal of the study is to study how different parent and child factors relate to parenting and behaviors of children. A total of 650 Saturday School students will participate in this study.

**II. Procedures:**

If your child participates, he/she will be asked to play some thinking games on a computer. The games will ask him/her to use a computer mouse or keyboard to complete tasks on the computer screen. For example, he/she will be asked to respond as quickly and accurately as they can to various stimuli or to remember numbers and then type them on the keyboard. Your child will participate on the day that he/she is in the Saturday School program. A member from the research team will help your child play the computer games, which will take no more than 30 minutes. Each family who participates in the study will receive a 5% tuition reduction toward one Saturday School session for each phase of the study completed.

**III. Risks:**

In this study, your child will not experience any more risk than they would in a normal day. The most significant potential risk to your child is boredom. Although most children find the computer games to be fun, some do not. Please note that your child can stop at any point with no penalty. Also, we will keep your child's participation in this research study confidential to the extent allowed by law. As described below in the Confidentiality section, we will do everything in our power to ensure your privacy. There is a risk, though, of violation of privacy.

**IV. Benefits:**

The study may not benefit your child directly. Overall, we hope to gain information about how parent and child factors predict parenting and behaviors of children. Findings from the study will hopefully help to better serve children and their families in the future.

**V. Voluntary Participation and Withdrawal:**

Participation in research is voluntary. Your child does not have to be in this study. If you change your mind, your child can drop out at any time. Your child can stop at any time. Whatever you and your child decide will not change the way the program staff treats you or your child.

**VI. Confidentiality:**



We will keep your child's records private to the extent allowed by law. Only principal investigators will have access to the information your child provide. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board and the Office for Human Research Protection (OHRP)). We will use a random ID number for our records instead of your child's name. Your child's answers will be kept electronically in a password-protected document on password- and firewall-protected computers located in locked rooms at Georgia State University. This list will be destroyed at the end of study. Findings will be reported in group form. Your child will not be identified personally.

**VII. Contact Persons:**

Contact Dr. Robert Latzman at 404-413-6304 ([rlatzman@gsu.edu](mailto:rlatzman@gsu.edu)) or Dr. John Kesner at 404-413-8245 ([jkesner@gsu.edu](mailto:jkesner@gsu.edu)) if you have questions, concerns, or complaints about this study. You can also call if you think that your child has been harmed by the study. Call Susan Vogtner in the Georgia State University Office of Research Integrity at 404-413-3513 or [svogtner1@gsu.edu](mailto:svogtner1@gsu.edu) if you want to talk to someone who is not part of the study team. You can talk about questions, concerns, or suggestions about the study. You can also call Susan Vogtner if you have questions or concerns about your child's rights in this study.

**VIII. Willingness to Participate in Future Studies:**

Based on findings from this study, it is possible that we will start new studies on children and parents after this study is completed. If a follow-up phase of the current study is possible, and you agree to be contacted in the future, we will keep your name and contact information on file so that we may contact you. Agreeing to be contacted in the future does not mean that you must participate in future studies. If you are contacted in the future about participating, you can decline to participate at that time if you wish.

**IX. Copy of Consent form to Subject:**

We will give you a copy of this consent form to keep.  
If you are willing to allow your child to participate in this research, please sign below.

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher Printed Name

\_\_\_\_\_  
Researcher Signature

\_\_\_\_\_  
Date

