

**Parental Permission for a Child to Participate in Research: School Wide Happiness Screening**

Dear Parent or Guardian:

This letter introduces you to a study, “Promoting Well-Being in Middle School Students.” The study is being done at your child’s school by researchers from the University of South Florida (USF) and the University of Massachusetts Amherst (UMass). We are doing this study to evaluate the Well-Being Promotion Program. The Well-Being Promotion Program is an extra support offered at school to develop students’ social-emotional skills, to increase personal happiness. Greater happiness, in turn, enhances students’ readiness to learn and academic success. To know which students to invite to take part in the Well-Being Promotion Program, near the beginning of the school year we will examine all students’ happiness. The following information is shared to help you decide whether you would like your child to take part in the happiness screening part of the study.

- ✓ Who We Are: The research team is led by USF and UMass Professors Shannon Suldo and Sarah Fefer. Our research team includes graduate students and school psychologists from our Colleges of Education. We are doing the study in cooperation with the district and school administrators to ensure the study provides information that will be helpful to students, educators, and families.
- ✓ Why We Are Requesting Your Child’s Participation: Your child is being asked to take part in the happiness screening because he or she attends a school that has agreed to take part in the research project.
- ✓ Why Your Child Should Participate: Taking part in the screening will enable your child to be considered for extra support provided later at school, through the Well-Being Promotion Program. Also, we need to know more about how to best monitor students’ emotional well-being (happiness) and identify students who may benefit from student support services intended to increase happiness.
- ✓ What Participation Requires: Children with written permission to participate in the happiness screening will fill out a short survey with questions about their satisfaction with life overall, their satisfaction with key areas of life, and how often they experience various positive and negative feelings. This survey takes about 10-15 minutes to complete on one occasion, and students’ responses will be kept confidential. You or your child have the right to inspect the screening instruments to be used before the brief survey is administered. The surveys and directions for administering the surveys will be available at your school within a reasonable period of time prior to the happiness screening.
- ✓ Please Note: Your decision to allow your child to take part in this study must be completely voluntary. You or your child’s decision to take part, not to take part, or to stop taking part at any point during the study will in no way affect your child’s student status, his or her grades, or your relationships with your child’s school, USF, or any other party. Your child will not be paid for participation in the study.
- ✓ Confidentiality of Your Child’s Responses and Study Risks: This research is considered minimal risk. Minimal risk means that study risks are the same as the risks you face in daily life. There are no known additional risks to those who take part in this study. Your child will receive no benefits by participating in this happiness screening. Your child’s privacy and research records will be kept confidential to the extent of the law. Authorized research personnel, employees of the Department of Health and Human Services, the USF Institutional Review Board and its staff, and other individuals acting on behalf of USF may inspect the records from this research project. However, your child’s individual responses will not be shared with school system personnel or anyone other than us and our research assistants. Your child’s completed surveys will be assigned a code number to protect the privacy of his or her responses. Only we will have access to the password-protected files and locked file cabinets stored at USF/UMass that will contain all records linking code numbers to participants’ names. These records include completed surveys and roster lists of students with permission to take part in the screening. Your child’s specific responses and comments will not be shared with school staff. However, in the unlikely event your child shares that he or she intends to harm him or herself or someone else, we will contact district mental health counselors to ensure your child’s safety as well as the safety of others. No names will be attached to stored surveys or audio files. All records from the study will be destroyed five years after the study is completed. These records include completed surveys, activity forms completed during group meetings, and information

from students' school records. A de-identified version of the electronic dataset that includes your de-identified records could be used for secondary analyses in future research studies conducted by USF/UMass and by other investigators. Please note that due to the COVID-19 pandemic, face-to-face interactions with study staff may pose a risk of transmission of the novel coronavirus. Study staff will adhere to all district health and safety measures relevant to individuals entering schools, such as use of facial coverings, social distancing, and temperature checks. Despite such precautions taken to protect participants' health, we cannot guarantee that your child will not be exposed to the virus.

- ✓ **What We'll Do With Your Child's Responses:** We plan to use the information from this study to identify which students to invite to take part in the study of the Well-Being Promotion Program. That extra support will only be offered to students whose screening responses indicate room for growth in happiness. Additional permission forms for that part of the project will be given out to select students at a later date and only to students who have already received parent permission to participate in the happiness screening. The results of this study may be published. However, the data obtained from your child will be combined with data from other people in the publication. The published results will not include your child's name or any other information that would in any way personally identify your child. These group-level results of the study will be shared with the educators at your child's school and other school mental health providers in order to increase their knowledge of accurate methods of identifying students with room for growth in happiness.
- ✓ **Questions?** If you have any questions about this study, contact Dr. Suldo at (813) 974-2223 or Dr. Fefer at (413) 545-0211. If you have questions about your child's rights as a person who is taking part in a research study, contact a member of the Division of Research Integrity and Compliance at the University of South Florida at (813) 974-5638. Refer to Study # 001065.
- ✓ **Want Your Child to Participate?** To permit your child to take part in this study (the happiness screening), complete the consent form below (titled "Consent for My Child to Participate in this Research Study"). *Have your child return the blue paper with the completed form to his or her designated teacher.* Sign and keep the other copy of this letter (printed on white) for your records.

Sincerely,

Shannon Suldo, Ph.D. (Professor)  
School Psychology Program, College of Education  
University of South Florida

Sarah Fefer, Ph.D. (Associate Professor)  
School Psychology Program, College of Education  
University of Massachusetts Amherst

### **Consent for My Child to Participate in this Research Study**

I freely give my permission to let my child take part in this study. I understand that by signing this form I am agreeing to let my child take part in research. I have received a signed copy of this form for my records.

\_\_\_\_\_  
Printed Name of the Child Taking Part in Study    Grade Level of Child    Child's Homeroom/1<sup>st</sup> Period Teacher

\_\_\_\_\_  
Signature of **Parent** of Child Taking Part in Study    Printed Name of **Parent** of Child Taking Part in Study    Date

### **(Portion for USF/UMass to Complete): Statement of Person Obtaining Informed Consent**

I certify that participants have been provided with an informed consent form that has been approved by the University of South Florida's Institutional Review Board and that explains the nature, demands, risks, and benefits involved in participating in this study. I further certify that a phone number has been provided in the event of additional questions.

\_\_\_\_\_  
Signature of Person Obtaining Consent    Printed Name of Person Obtaining Consent    Date