Parental Permission Form for Pool Participants

Your child, ____________________, is invited to take part in a study called “Leadership in Small Groups.” This study will be conducted by Professor Tessa West, Department of Psychology, Faculty of Arts & Science, New York University.

If you give permission for your child to be in this study, he/she will be asked to complete a task with a small group of other participants. Your child will be videotaped during the study. Your child will have the right to review the tape and request that all or any portion of the tape be destroyed. Your child’s participation will take about 30 minutes and your child will receive .5 credits. Upon completion, your child will receive a thorough verbal and written explanation of the study.

There are no known risks associated with your child’s participation in this research beyond those of everyday life. Although your child will receive no direct benefits for participation in this study, it may make your child more aware of how knowledge is discovered in psychology and help the investigator better understand leadership in small groups.

Taking part in this study is voluntary. Not taking part or withdrawing after the study has begun will not affect your child’s grade or academic standing in any way. If your child withdraws at any time, no penalty will be given and your child will receive credit for the amount of time he/she participated in the study. Your child has the right to skip or not answer any questions he/she prefers not to answer.

Confidentiality of your child’s research records will be strictly maintained by ensuring that all paper data are stored in a locked file cabinet and that all electronic data are password-protected. The videotape of your child will only be viewed by members of the West Interpersonal Perception Lab. The data from the study will be kept at least 5 years after publication, as recommended by the American Psychological Association. When it is destroyed, this will be done by shredding of paper files and deletion of electronic files.

If there is anything about the study or your child’s participation that is unclear or that you do not understand, if you have questions or wish to report a research-related problem, you may contact Tessa West at 212-998-7811, tessa.west@nyu.edu, 6 Washington Place. For questions about your child’s rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects (UCAIHS), NYU, (212) 998-4808 or ask.humansubjects@nyu.edu, 665 Broadway, Suite 804, New York, NY 10012.

You have received a copy of this parental permission form to keep.

Permission

__________________________________________
Name of minor subject

__________________________________________
Parent’s Signature

_________ ____________
Date

NYU
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APPROVED: 10/7/16 - 10/6/17