

University of California, San Diego  
Passive Parent Consent for Child to Participate in a Survey  
Evaluation of School Substance Use Prevention Programs

***Who is conducting the study, why your child has been asked to participate, how your child was selected, and what is the approximate number of participants in the survey?***

As part of a research project, Shu-Hong Zhu, Ph.D. is conducting a survey for your child's school's Local Education Agency to find out more about the influence of newer tobacco products like nicotine vapes and hookah on student attitudes toward cigarette use and use of these newer products and other drugs such as alcohol and marijuana. Your child has been asked to take this survey because your child's school's LEA contracted UCSD to conduct an independent evaluation of school-based substance use prevention programs. Approximately 100,000 students and staff from California middle and high schools will participate in the survey.

***Why is this study being done?***

The purpose of this study is to provide California schools and LEAs with critical information necessary to guide ongoing strategic development for school and community interventions, which are part of the comprehensive substance use prevention efforts in California. California LEAs are funding this study.

***How much time will the survey take?***

The online survey will take approximately 20 minutes.

***What risks are associated with this survey?***

There are no expected risks of physical, psychological, or social harm to your child.

***What are the alternatives to participating in this survey?***

The alternatives to participation in this survey are not to participate and to do an alternate activity assigned by the teacher while the survey is being given.

***What benefits can be reasonably expected?***

There may or may not be any direct benefit to your child from this survey. The investigator, however, may learn more about the risks facing youth related to tobacco use, including the use of newer products and other drugs. Schools may benefit by learning more about their substance use prevention and cessation programs. This will help improve programs to address these problems and provide better services for youth.

***Can you choose to not to have your child participate or withdraw from the survey without penalty or loss of benefits?***

Participation in the survey is entirely voluntary. You may refuse to allow your child to participate or withdraw your child at any time without penalty or loss of benefits to which you or your child are entitled. This research is not part of the child's regular school program and your child's grade or continued enrollment will not be affected by their decision to participate. If you decide that you no longer wish your child to continue in this survey, your child will be requested to do an alternate activity assigned by the teacher while the survey is being given.

You and your child will be told if any important new information is found during the course of this survey that may affect your wanting to continue.

***Please turn over.***

***Can your child be withdrawn from the survey without your consent?***

Your child may be withdrawn from the survey if you or your child do not follow the instructions given you or your child by the survey personnel.

***Will you be compensated for participating in this study?***

No compensation will be given to your child for taking the survey.

***Are there any costs associated with participating in this study?***

There will be no cost to you or your child for participating in the survey.

***What about your confidentiality?***

Research records will be kept confidential to the extent allowed by law. No information will identify or connect your child with his/her answers. Your child’s individual answers will not be shared with their school. They will only be provided to the school in aggregate. There is a risk of loss of confidentiality and risks that are currently unforeseeable. All staff who give the survey will sign an assurance of confidentiality certificate. Research records may be reviewed by the UCSD Institutional Review Board and by your child’s school’s LEA.

***Who can you call if you have questions?***

By providing this form, Shu-Hong Zhu, Ph.D. has explained this study to you and answered your questions. If you have other questions or research-related problems, you may reach Dr. Zhu at 858-300-1056 and you may call the Human Research Protections Program Office at (858) 246-4777 for more information, to inquire about your rights as a research subject or to report research-related problems

***Your Signature and Consent is needed if you don’t want your child to participate.***

You have received a copy of this consent document to keep. **If you don’t want your child to participate, please sign and return the bottom section of this form to your child’s school.**

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PLEASE SIGN AND RETURN this section if you **DON’T WANT** your child to take the survey.

(Please Print) My child’s name is: \_\_\_\_\_ Grade: \_\_\_\_\_

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Parent/Legal Guardian Signature

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Date