

**North Carolina State University**  
**INFORMED CONSENT FOR 4-H RESEARCH--PARENT AND YOUTH**

**YOUR INVITATION TO PARTNER WITH 4-H ON RESEARCH “TO MAKE THE BEST BETTER”**

As a 4-H member, a child or youth can be part of ongoing research on the benefits of youth programs. 4-H is required to report short- and long-term outcomes of youth programs as part of its accountability to federal, state, and local funding agencies. In addition, feedback from youth and the adults also helps 4-H leaders improve programs and create new learning opportunities. With the consent of both you and your child, your child will complete one or more assessments related to his/her learning in a 4-H program and his/her evaluation of the 4-H program. Evaluation activities will always be conducted within the guidelines of the NC 4-H Code of Ethics and North Carolina State University Human Subjects Research guidelines.

**BACKGROUND INFORMATION**

**Projects and Procedures.** 4-H evaluation activities may use questionnaires, tests, checklists, journals, observations, audio or videotaping, judging of written or oral performances, interviews, and focus groups. Typically, assessments are given before and after a learning event or extended program by trained adult leaders. Your child may also be randomly selected to participate in discussion groups, case studies, or extended interviews designed to give 4-H leaders more in-depth understanding of specific programs. As appropriate, parents, youth leaders, and teachers will be asked to make observations about a child’s interaction and achievement in 4-H activities. We make every effort to avoid a “testing” environment. Our goal in 4-H is that evaluation strengthens relationships, promotes learning, and helps 4-H volunteers and professionals build better programs for your youth.

**Risks and Benefits.** Participation is voluntary. If either you or your child decline to provide consent to participate in any of the above activities (as indicated by not signing this form), such a decision will in no way affect your child’s ability to register for and participate in the program. Also, youth may quit an assessment at any time and this will not affect their participation in current or future 4-H activities. Participating in evaluation often helps youth reflect on learning and contribute to improving 4-H programs for themselves and others. There is no known risk in participating in 4-H evaluation activities.

**Confidentiality.** Research data will be kept strictly confidential and maintained in a secure location. Youth names may be requested on assessments that involve comparisons (e.g., knowledge before and after events, child and parent attitudes). Once data is recorded, names will be removed, replaced by a 4-H ID number (not the Social Security or Drivers License number), and retained only on a master list. Written or oral evaluation reports will not include names or information that might identify specific participants.

**Compensation.** No compensation is provided for your participation in this discussion group.

**CONTACT:** If you have questions at any time about the study or the procedures, you may contact Dr. Ben Silliman at 512 Brickhaven Road, NCSU or (919) 515-8485. If you or your child feels he/she have not been treated according to the descriptions in this form, or his/her rights as a participant in research have been violated during the course of this project, you may contact Dr. David Kaber, Chair of the NCSU IRB for the Use of Human Subjects in Research Committee, Box 7906, NCSU Campus (919/515-3086) or Mr. Matthew Ronning, Assistant Vice Chancellor, Research Administration, Box 7514, NCSU Campus (919/513-2148).

**PARTICIPATION.** You (your child’s) participation in this study is voluntary; you or your child may decline to participate without loss of benefits to which he/she is otherwise entitled. If you (your child) withdraw from the study before data collection is completed, your (your child’s) data will be returned to you or destroyed.

**CONSENT.** I have read and understand the above information. I have received a copy of this form. I agree to participate (to allow my child to participate) in this study.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_  
Youth signature (print and initial) \_\_\_\_\_ Date \_\_\_\_\_  
Investigator's signature \_\_\_\_\_ Date \_\_\_\_\_