

**Department of Psychology
Vassar College
Parent/Guardian Consent Form**

Primary Investigator: Michele M. Tugade (Vassar College)
Co- Principal Investigator: Rachel Simmons (Girls Leadership)
Student Researcher(s): Richa Gautam, Abigail Hiller, Gabrielle Pollack

Title of Project: Examining Outcomes in Leadership Aspiration, Healthy Risk-Taking, and Resilience among Adolescents

I acknowledge that on _____, I was informed by Dr. Michele Tugade of Vassar College of a research project having to do with the following:

Nature of the Research Project

The overall aim of this project is to understand the social and psychological well-being of adolescent youth.

Basic Procedures and Participant's Role

Your child will be invited to confidentially answer questions on survey about her thoughts, feelings and habits. No names will be attached to the answers.

Confidentiality

Any information collected during this study that can identify your child by name will be kept confidential. No participant's name or individual data will be provided to anyone outside of our research staff or used in any published report. All paper records will be kept in locked rooms accessible only by our research staff. Participant names will be stored separately from data collected. Participants will be assigned a random number identification code that will be used to connect various sources of data. Data will never be reported in a way where participants could be identifiable by anyone outside of the research team. All data will be used for educational and research purposes only. The data will be kept for up to seven years after publication, after which they will be destroyed.

Approximate Duration of Participation

The study will take 25 - 30 minutes to complete.

Contact Information

Michele M. Tugade, Ph.D.
Department of Psychology
Vassar College
Poughkeepsie, NY 12604

Potential Risks: The risks associated with this study are minimal. The measures may create emotional reactions such as discomfort or embarrassment answering questions. To

protect against these risks, we will keep all information confidential and will remind your child throughout the survey that she can stop answering questions any time.

Potential Benefits: Information your child provides will help us better understand how to best serve and design programs to meet the developing needs and interests of adolescent youth.

I am aware, to the extent specified above, of the nature my child's participation in this project and the possible risks involved or arising from it. I understand that my child may withdraw my participation in this project at any time without prejudice or penalty of any kind. I hereby agree to participate in the project. (Please sign below)

Date

Printed name of Legal Guardian

Home Address

Signature of Parent/Legal Guardian

Printed name of Child Participant