

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM

Project Title: The Ecocultural Factors that Impact Parents from Rural Communities Sustained Engagement in Early Learning Opportunities

Project Co-Director: Dr. Belinda Hardin

Student Doctoral Researchers: Katrina Cummings

Participant's Name: _____

What is the study about?

This is a research project. The information I am gathering will provide agencies and services providers with information about community and cultural factors that impact families in rural areas. In addition, I believe that the information may provide knowledge about increasing opportunities for young children to develop and learn in their home environment. Your participation is voluntary.

Why are you asking me?

I am inviting you to participate in this research project because your family receives services through the North Carolina Infant-Toddler Program.

The participants for this study will be parents of children ages six months to three years old who are currently receiving early intervention services and live in rural communities in North Carolina.

Parents who never received services in the home, who are less than 18 years of age, and who are English language learners will be excluded from participation.

What will you ask me to do if I agree to be in the study?

As a participant in this study, you will be asked to complete:

- 1) A demographic form
- 2) A survey
- 3) An interview (Note: Once the number of needed volunteers for the interview is reached, additional volunteers will not be able to participate in the interview portion of this study.)

Your completion of the demographic form and survey will take about one hour. If you also participate in the interview, the total time of your participation is expected to be about two hours.

Is there any audio/video recording?

Interviews will be audio-recorded to ensure that parents' stories are fully captured. Because your voice will be potentially identifiable by anyone who hears the tape, your confidentiality for things you say on the tape cannot be guaranteed although the researcher will try to limit access to the tape as described below."

What are the dangers to me?

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3/3/14 to **3/2/15**

The risks associated with this study are minimal. Sometimes parents may feel uncomfortable providing personal information about their child and family. If you feel uncomfortable, you can choose to not respond to a particular question and/or discontinue your participation in the study without any negative consequences.

If you have any concerns about your rights, how you are being treated or if you have questions, want more information or have suggestions, please contact Cristy McGoff in the Office of Research Compliance at UNCG toll-free at (855)-251-2351.

Questions, concerns or complaints about this project or benefits or risks associated with being in this study can be answered by Katrina Cummings at (919-201-7416) or Dr. Belinda Hardin at (336) 256-1083 or at bjhardin@uncg.edu.

Are there any benefits to society as a result of me taking part in this research?

The potential benefits of participating in this study are that you will have an opportunity to express how you experience living in a rural area with a child who has a disability or delay. Sharing your experiences may lead to improvements in early intervention services in the future.

Are there any benefits to *me* for taking part in this research study?

There are not direct benefits to you for your participations. However, your feedback may lead to improved services to your family in the future.

Will I get paid for being in the study? Will it cost me anything?

You will receive a \$5.00 gift card as a token of appreciation for participation in the survey portion of this project. If you also participate in the interview portion, you will receive two children's books, in addition to a \$5.00 gift card. There are no costs to you for participating in this study.

How will you keep my information confidential?

All information obtained in this study is strictly confidential unless disclosure is required by law. ID codes will be assigned to each participant. In addition, your privacy will be protected by keeping all information you share in a locked file cabinet or password protected electronic files. There will be a master list linking each ID code to a participant. The list will be stored in a separate locked file, separate from the data. Your name will not be used when data are disseminated. Information you share will be shredded 5 years after your participation in the study.

What if I want to leave the study?

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state. Also note that, choosing not to participate or withdrawing from the study will not affect the services you receive or your relationship with the North Carolina Infant-Toddler Program, your child care program, or the early intervention agencies.

What about new information/changes in the study?

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If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:

By signing this consent form you are agreeing that you have read the consent, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. Also, you are agreeing that all of your questions concerning this study have been answered. By signing this form, you are agreeing that you are 18 years of age or older and are agreeing to participate, or have the individual specified above as a participant participate, in this study described to you by Katrina Cummings.

Signature: _____ Date: _____

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