



## **Informed Consent for Identity Study**

*Your child is being invited to participate in a dissertation research study conducted by Lindsay Harris, a doctoral candidate in the Division of Behavioral & Organizational Sciences at Claremont Graduate University (CGU). CGU's Institutional Review Board (IRB), has reviewed protocol #2890 and determined it exempt from IRB supervision. Chaminade- Julianne Catholic High School has also reviewed and approved this research protocol for conduct by Lindsay Harris. Your child is being asked to participate in this study because s/he is a ninth or tenth grade student at the time of the study attending the selected school.*

**PURPOSE:** The purpose of this study is to examine the impact of identity on academic performance.

**PARTICIPATION:** Your child is asked to take part in a study that should take approximately a total of 35 minutes. This study is entirely voluntary. During this session s/he will be asked to complete a variety of questionnaires via the data collection software Qualtrics. The first task is to complete a short verbal and math test. This will be followed by a measure used to assess the mental conceptions of his/her social identities. Lastly, the final task consists of demographic information and debriefing. During the study your child will be asked not socialize with other participants during this time.

**RISKS & BENEFITS:** The potential risks associated with this study are minimal and may include arousal of uncomfortable feelings about her/himself and others. Being that this study is assessing the potential effect of identity on academic performance, I must warn that the student may experience the threat of confirming a negative stereotype associated with his/her racial group when completing an educational task. This risk should be no greater than any other time your student has completed an exam within an educational setting. S/he may also be inconvenienced by the amount of time this study requires for this approximately 35 minute session. However, I will do our best to get him/her in and out of the study as quickly as possible. If s/he need further assistance, s/he can reach your school's counseling center. It is expected that this research will benefit science by explaining the relationship between social identity and academic achievement. Lastly, we hope that the findings from this study will provide important and applicable information on how to mediate educational issues within the African-American community.

Upon your approval your child will be entered into a raffle for one of 27 \$10 gift cards to Target, a local movie theater, or Chipotle. His/her chance of winning, based on the expected participant pool, is approximately 5%.

**VOLUNTARY PARTICIPATION:** Please understand that participation is completely voluntary. Your decision whether or not to permit your child to participate will in no way affect his/her current or future relationship with CGU faculty, students, or staff members. Your child has the right to withdraw from the research at any time without penalty and s/he will be debriefed at that time. S/he also has the right to refuse to answer any question(s) for any reason, without penalty.

**CONFIDENTIALITY:** Your child's individual privacy will be maintained in all publications or presentations resulting from this study. S/he will not be asked to provide any identifiable information during data collection, therefore, his/her name will never be used in the final



analysis. In order to preserve the confidentiality, only the principal investigator will have access to any of your identifying information provided on the consent and assent forms.

If you have any questions or would like additional information about this research, please contact me at [Lindsay.Harris@cgu.edu](mailto:Lindsay.Harris@cgu.edu) or by phone at (937) 307-8127. You can also contact my faculty advisor Dr. Jason Sigel at (909) 607-0404. However, if you have questions about your child's rights as a research subject, please contact the CGU Institutional Review Board at (909) 607-9406 which has approved this project.

I understand the above information and have had all of my questions about my child's participation on this research project answered.

**I DO NOT** consent to my child's participation in this research study.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_

Signature of Researcher \_\_\_\_\_ Date \_\_\_\_\_