

**Parental Consent to Participate in a Research Study
Leon High School • Tallahassee, FL**

COVID-19, Isolation, and Mental/Social Health Implications

Conducted by Madeline Sgan

My name is Madeline Sgan, and I am an 11th grader enrolled in the AP Research course of the AP Capstone Program at Leon High School. This survey and its results will be used in my research paper to explore how isolation (i.e. social distancing, quarantine, stay-at-home orders) due to the Coronavirus pandemic has affected the mental and social health of teenagers in the Leon County area. I have created a survey in order to conduct my study. As I am studying high-school students, it is required that a parental consent form be filled out and returned back to me prior to survey completion. If students feel uncomfortable answering any questions, they will be able to write "unable to answer". Those responses will NOT be recorded or used in any way. In addition to this, if students do not feel comfortable completing this survey, they are not required to, as it is completely optional and can be opted-out of at any time. Please do not hesitate to contact me or my advisor if you have any questions:

180000254@edu.leonschools.net
crookl@leonschools.net

Introduction

- Your child is being asked to participate in a research study that explores isolation's effects on both mental and social health regarding the COVID-19 global pandemic.
- S/he was selected as a possible participant because of their enrollment in Leon County High Schools.
- We ask that you read this form and ask any questions that you may have before allowing your child to participate in this study.

Purpose of Study

- The purpose of the study is to observe and assess the effects of isolation on the mental and social health of the teenage population circa the COVID-19 Global Pandemic.
- Ultimately, this research will be presented in a paper and a presentation.

Description of the Study Procedures

- If you decide to allow your child to participate in this study, s/he will be asked to complete a questionnaire.

Risks/Discomforts of Being in this Study

- There are no reasonable foreseeable (or expected) risks. There may be unknown risks.

Benefits of Being in the Study

- The benefits of participation are seeing how the COVID-19 pandemic and the isolation that came with it has affected the mental health of the Leon County teenage population.

Confidentiality

- Due to the vulnerability and sensitivity of the subject matter, this study is unanonymously, but only to the researcher. We will not be retaining any information about your child's identity, or exposing it to the public. All data collected will be completely confidential excluding the primary researcher.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you and your child. Your child may refuse to take part in the study *at any time* without affecting your relationship with the investigators of this study or Leon County. Your child has the right not to answer any single question, as well as to withdraw completely from the questionnaire at any point during the process.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Madeline Sgan at 180000254@edu.leonschools.net. If you would like, a summary of the results of the study will be sent to you upon request. If you have any other concerns about your rights as a research participant that have not been answered by the investigators, you may contact Lauren Crook at crookl@leonschools.net .
- If you have any problems or concerns that occur as a result of your participation, you can report them to Lauren Crook at the email above.

Consent

- Your signature below indicates that you have decided to allow your child to participate as a research subject for this study, and that you have read and understood the information provided above.

Process

- Upon return of this consent sheet, the participant will be emailed a google form to complete either in class or on their own time.

Participant Name
(Print):

Participant
Signature:

Date:

Participant Email:

Parent/Guardian
Name (Print):

Parent/Guardian
Signature:

Date:
