

Hi all,

Some people are asking why we are conducting a climate and bullying survey now, so let me clarify. We have been planning this survey for over a year as a follow up to an all-school bullying survey that was done over 10 years ago. The timing of this survey was based upon the availability of our research partners at the University of Nebraska-Lincoln and is unrelated to any current circumstances at GA. All good schools look for ways to enhance the culture of kindness, and GA does that regularly. This upcoming survey is just part of that process. Please don't hesitate to reach out if you would like to discuss this further.

Thanks in advance for your participation.

Best,

Dr. Maurer

Janet Maurer, Ph.D.

Director of Counseling Services

Germanatown Academy

Phone & Fax: 267-405-7303

[janet.maurer@germantownacademy.org](mailto:janet.maurer@germantownacademy.org)

WELCOME!



**GERMANTOWN ACADEMY**



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## Parental/Guardian Participation Consent Form

### **Bullying and Victimization among School-aged Youth: A Participatory Action Research Study**

Dear Parent or Guardian,

You are invited to participate in a research study. The following information is provided in order to help you make an informed decision about whether or not to participate. You have been asked to participate since you are a member of the Germantown Academy parent community. If you have any questions please do not hesitate to ask.

The purpose of this study is to investigate bullying behavior and victims of bullying behavior among school-aged students in the United States.

This study will take approximately 30 minutes of your time. You will be asked to complete one questionnaire concerning your attitudes of bullying as well as your son or daughter's experiences at school. It is our hope that with important information from parents, we can figure out the reasons behind and the reasons that influence bullying behavior. The research project will take place on your

personal computer. There is no monetary compensation for participation in this study.

You may experience mild discomfort when completing the questionnaire (for example, questions asking you to describe any bullying your son or daughter has participated in). There are no direct benefits to you as a research participant. However, as a result of participating in this research, it is possible that you and your child can learn more about bullying behaviors and coping skills for dealing with school aggression. Germantown Academy counselors are available to talk with your child about bullying or his or her school experiences.

Any information obtained which could identify you or your child will be kept strictly confidential. Every participant will be given a code number so he/she will not be able to be identified by researchers or school personnel. The information obtained in this study may be published in scientific journals or presented at scientific meetings, but your identity will be kept strictly confidential. Each school will be provided with an aggregate summary of the results of the surveys and questionnaires. All data will be de-identified and summarized, so no individual participants will be able to be identified. Study records will be kept in a locked file cabinet in the principal investigator's office at the University of Nebraska - Lincoln.

You are free to decide not to enroll in this study or to withdraw at any time without adversely affecting your relationship with the investigators, the University of Nebraska-Lincoln, or with Germantown Academy. Your decision will not result in any loss of benefits to which you or your child is otherwise entitled.

Your rights as a research subject have been explained to you. If you have any questions about this study, please contact Dr. Susan Sweaver at (402) 472-1741. If you have any questions concerning your rights as a research participant that have not been answered by the investigator, or to report any concerns about the study, please contact the UNL Institutional Review Board at 402-472-6965.

## **DOCUMENTATION OF INFORMED CONSENT**

**You are voluntarily making a decision whether or not to participate in this research study. Your signature certifies that you have decided to participate having read and understood the information presented. You will be given a copy of this consent form to keep.**

**IDENTIFICATION OF PRIMARY INVESTIGATOR**

**Susan M. Swearer, Ph.D. Office: 47?-1741**

**Scott M. Fluke, M.A. Office: 47?-6216**

Please indicate whether or not you would like to participate in the study and  
**CLICK THE NEXT BUTTON (bottom right):**

Yes, I have read the above consent form and agree to participate in the study

No, I do not want to participate in the study

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