

Informed Consent of Parent or Guardian

Dear Parent,

Researchers at Antioch University Los Angeles are asking permission for your child to be in a research study exploring the benefits of participating in Ocean Therapy. This study will explore how participation in Ocean Therapy may affect self-concept and hope.

Your child was invited by staff at **[ORGANIZATION NAME]** to participate in Ocean Therapy through the Jimmy Miller Memorial Foundation. With your permission, s/he will work with a staff member from **[ORGANIZATION NAME]** on three occasions for approximately five minutes to answer a short six-item survey on children's hope. These will occur approximately one week before Ocean Therapy, one week after Ocean Therapy, and one month after Ocean Therapy. And, during the week after Ocean Therapy, s/he will also be asked by a staff member from **[ORGANIZATION NAME]** to draw a picture of their experience at Ocean Therapy and describe their drawing in two to three sentences.

There are no foreseeable risks or discomforts to participating in this study. Your child will be working directly with staff s/he is familiar with during data collection. Benefits of participating in this study may include reinforcement of learning about developing self-concept and hope for your child's future plans and goals. This study has the support and approval of **[ORGANIZATION NAME]** and the Jimmy Miller Memorial Foundation.

Your Child's Responses will be Anonymous:

There will be no way to connect your child's name to their responses. No reports about the study will contain your child's name.

Taking Part is Voluntary

If you choose not to have your child take part, neither you nor your child will be penalized. We will ask your child to participate and only children who want to will take part in the study. Your child may choose to stop at any time.

If you have any questions about the study, you may contact Dr. Gregor V. Sarkisian, at 310/578-1080 x330 or via email at gsarkisian@antioch.edu. If you have any questions about your rights as a research participant, you may contact Dr. Sylvie Taylor, Chair of the Antioch University Los Angeles IRB, 310/578-1080 x256 or via email at staylor@antioch.edu.

Attached is a form for you to sign. Please indicate whether or not you agree to have your child to be in the study and have her/him return the form to **[ORGANIZATION NAME]** tomorrow. We would greatly appreciate your child's participation in this study.

Parental Consent to Participate in Ocean Therapy Study

I have read and understand the information provided to me about the research on the benefits to Ocean Therapy being conducted by researchers from Antioch University Los Angeles.

Please Check One Box Below:

- I give permission to have my child participate in this study.
- I do not give permission to have my child participate in this study.

Parent/Guardian Signature

Date

Child's Name (printed)