



Syracuse University IRB Approved

OCT 14 2015

OCT 13 2016

SYRACUSE UNIVERSITY

DEPARTMENT OF PUBLIC HEALTH, FOOD STUDIES AND NUTRITION
DAVID B. FALK COLLEGE
OF SPORT AND HUMAN DYNAMICS

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Project Title: **Assessment of School Based Mindful Yoga Programs**

Our names are Dessa Bergen-Cico and Rachel Razza, and we are Associate Professors at Syracuse University. We are inviting your child to participate in a research study. Involvement in the study is voluntary and is aimed at evaluating the potential benefits of school based mindfulness programs. You may agree for your child to participate. This sheet will explain the study to you so that you may make an informed decision. Please feel free to ask questions about the research if you have any. We will be happy to explain anything you'd like to know in detail.

We are interested in learning more about how mindfulness and mindful movement can influence students' ability to pay attention and manage stress. Children in some of the Philadelphia Schools will participate in a mindfulness program involving yoga/mindful movement and breathing exercises to cultivate focused attention. As part of this study, we will be collecting anonymous surveys from these children. We will also collect these surveys from some of the children not involved in the mindfulness program to allow us to cross-reference the study outcomes. The brief assessments will not detract from classroom instruction and will not be part of their academic record.

Your child will be asked to participate in a brief evaluation survey in the fall and again in the spring. The assessments should take less than 20 minutes. All information will be kept confidential. Your child's name will not be associated with their survey responses. If any research results are published, only trends in group average scores will be reported. No individual scores or teacher identification information will be accessible or published anywhere.

The benefit of this research is that your child will be helping us learn more about how we can use mindfulness –based breathing and movement exercises in schools to support children's learning and development. This information should help us design programs that enhance children's stress management, health and well-being. By taking part in the research, your child may learn successful ways to cope with stress. The risks to your child of participating in this study are possible boredom or frustration during the assessment surveys. We will be minimizing these risks by keeping the assessments succinct and as short as possible.

If you do not want your child to take part, you have the right to not allow your child to complete any assessments, without penalty. If you decide you want your child to participate in the study and then later no longer wish to have your child continue, you have the right to withdraw your child from the evaluation study of these programs at any time, without penalty. In addition, your child can decline to take part in the assessment at any time, without penalty. Children who may

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Consent form 1- Parent Consent

turn 18 years of age over the course of the study will be provided with an additional opportunity to give consent prior to completing the surveys.

If you have any questions, concerns, or complaints about the research, please contact our lead researcher, Rachel Razza at 315-443-7377. If you have any questions about your rights as a research participant, you have questions, concerns, or complaints that you wish to address to someone other than the researchers, if you cannot reach the investigators, contact the Syracuse University Institutional Review Board at 315-443-3013.

If you agree to have your child participate in this research study you do not need to sign and return this form. However, please retain a copy of the form for your future reference.

If you do not want your child to take part, you have the right to refuse without penalty to your child. Please sign and return one copy of this form and indicate that you do not want your child to participate in this evaluation study. Have your child return the signed form to their teacher.

No - I do not agree for my child to participate in this research study.

Signature of Parent/Guardian

Date

Printed Parent/Guardian's Name

Printed Name of Child for Whom Parent/Guardian Does Not Give Consent

Signature of Investigator

Date

Printed Name of Investigator

Signature of Investigator

Date

Printed Name of Investigator

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