Appendix A:

Consent Form



**Introduction:**

You are being asked to participate in a research study conducted by Veronica Milito, Dana DeFilippo and Dr. Mark Terjesen of St. John’s University. The decision to participate in this study is entirely up to you. You can decide to stop participating in this study at any time. If you have any questions, you may contact one of the principal investigators.   
  
**Procedures:**

The purpose of this study is to gain a greater understanding of the role of homework in clinical work with youth, clinicians’ attitudes and practices as it relates to homework, what variables may predict homework use, as well as what types of homework they would assign to a hypothetical case. This research may be useful for professionals who work with children to know as it could affect their clinical work.

If you agree to participate, we request that you read a short vignette about a clinical problem and complete a brief questionnaire. We also request you complete a brief questionnaire regarding your background in the field of psychology. In total, the questionnaires will take approximately 20 minutes to complete. All information will be de-identified.

**Benefits:**  
There are no direct benefits to you for your participation in this study. However, the information obtained from this study will further advance the knowledge and understanding of the role of homework in clinical practice.

**Payment to you:**

You will be entered into a raffle for a chance to win one of three books for clinical work with youth.

**Risks, Inconvenience, Discomfort**:  
There are no physical risks involved with participation in this study.  The questions included in the survey are not of a sensitive or personal nature, and the likelihood that you experience any psychological distress or discomfort as a result of your participation is negligible.   
  
**Alternatives:**  
The alternative to this study is not participating. Your decision to not participate in this study will not have any negative implications for you; you may decide to withdraw from the study at any time or choose not to answer specific questions.

**Confidentiality:**  
All information from this study will be kept strictly confidential and only seen by the researchers. If any publications result from this study, you will not be identified. Any data from this study will be reported in aggregate form only; individual data responses will not be reported. Data will be transferred in a HIPAA-compliant manner and will be kept in de-identified, password-protected files.

**Questions:**  
If you have any questions regarding this research study please contact either Veronica Milito at (631) 741-6662, Dana DeFillipo at (516) 987-8427, or Dr. Terjesen at (718) 990-5860. For questions regarding your rights as a research participant, please contact Dr. Marie Nitopi from the Institutional Review Board at (718) 990-1440.   
  
Thank you very much for your consideration.  If you agree to participate, please consent by pressing the button below.  Please print a copy of this form for your records.

* I voluntarily give my consent to participate in this research study. I understand that my pressing this button indicates that I have read and understood the information provided here. I understand that my participation is completely voluntary, and that my name will not be tied to the information I am providing. If at any time, I do not wish to further participate, I have the right to withdraw my participation.
* I do not wish to participate