

Strategies for Obtaining Parental Consent to Participate in Research

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Abstract:

Researchers recruiting samples of children through schools typically face considerable challenges in obtaining completed consent forms from parents. Because children whose parents do not return consent forms are not able to participate in research, parental nonresponse is a primary factor contributing to nonrepresentative samples. In this article, we describe a set of procedures used to obtain active parental consent for child participation that resulted in a 95% return rate on consent forms. Rates of return were similar across schools that varied according to both racial and socioeconomic composition.

Article:

Researchers whose work focuses on understanding normal development and family processes during childhood often feel trapped between the proverbial rock and a hard place with respect to the process of enrolling children and families into research projects. "Good" research is defined in terms of both (a) adherence to ethical standards requiring that children and parents provide informed consent for participation in research and (b) inclusion of participants who are representative of the population from which they are drawn. Unfortunately, conforming to both of these standards can prove more difficult in practice than in theory. The purpose of this article is to describe a set of effective procedures used to obtain active parental consent for child participation in an ongoing research project.

Active Parental Consent for Children's Participation in Research

Parents often fail to provide consent for their children's participation in research. Most frustrating for researchers, such failures are more often the result of parents' failure to respond to requests for consent rather than refusals per se (Ellickson & Hawes, 1989). Parental nonresponse regarding consent for children's participation in research may represent an unwillingness on the part of parents to have their children participate in a given research project. It also may be due to nonreceipt of or inability to read consent forms, lost or misplaced consent forms, or confusion regarding the research or consent process, among other factors. Researchers who have examined parental failures to return consent forms conclude that such failures are more likely to indicate "latent consent" rather than "deliberate refusal" (Ellickson & Hawes, p. 45). In addition, children whose parents fail to return consent forms differ systematically from those whose parents do return forms in that they score lower on indicators of psychological and behavioral well-being and are more likely to be from socioeconomically disadvantaged backgrounds and to live in single-parent homes (Dent et al., 1993; Noll, Zeller, Vannatta, Bukowski, & Davies, 1997). Although at a first glance it also appears that ethnic minority parents are less likely to return consent forms, this pattern is better attributed to the socioeconomically disadvantaged backgrounds of many minority parents than to race per se (Catlett, Ryan, & Grove, 1998). Still, such differences are problematic in that, they lower the likelihood that children participating in a given study will be representative of the larger population of their peers. This lack of representativeness adds to the frustration given the likelihood that many parents would not object to their children's participation in the research process, had they responded to consent inquiries. Low participation rates can be particularly devastating

for sociometric and social network researchers, for whom involvement of a large percentage of children in a given setting is critical to the integrity of the research process (Iverson & Cook, 1994).

Much of the dialogue among researchers concerning the dilemma we describe focuses on the appropriateness of using passive parental consent in research with children and adolescents (Esbensen et al., 1996; Range, Embry, & MacLeod, 2001). Active consent procedures require parents to sign and return forms indicating their willingness to have children participate in research. In contrast, passive consent procedures typically inform parents of the researcher's intent to collect data from all children in a given location (e.g., a school) and describe the project to parents. Parents are requested to contact the researcher or return a form if they do not wish to have their children participate in the project. Children then provide active consent for their own participation at the time of data collection. Research conducted using passive consent procedures yields participation rates that far exceed those of research projects that rely on active consent from parents (Range et al.) and presumably results in more representative samples.

Local institutional review boards (IRBS) are reluctant to approve use of passive consent procedures except under a highly specific set of circumstances. These may include a methodology that is perceived as constituting "less than minimal risk," (American Psychological Association, 2002) and an adolescent sample (Levine, 1995). It is unusual to hear of IRBs approving use of passive consent procedures in research with younger children. In addition, the U.S. House of Representatives recently passed a bill requiring that: parents provide active consent for any research conducted in schools that includes questions about a number of topics, such as family relationships. Although this bill did not ultimately become legislation, it indicates public sentiment that is increasingly suspicious of passive consent procedures. Accordingly, there is a need for researchers to engage in more dialogue concerning the most effective strategies for obtaining high parental response rates in research projects that require consent for children's participation. Publications discussing effective strategies for obtaining parental consent are rare (for exceptions, see Iverson & Cook, 1994; MacGregor & McNamara, 1995). Yet such publications are invaluable to both new and established researchers attempting to recruit children as research participants. In addition, they are critically important for the training of graduate students in appropriate and effective recruitment strategies.

Table 1
Characteristics of Participating Schools (N = 9)

Characteristics	Schools								
	1	2	3	4	5	6	7	8	9
Number of target classrooms	2	3	3	5	3	5	7	4	5
Minority (%)	80	80	40	30	10	20	30	100	40
Free or reduced-price lunch (%)	70	40	30	30	20	30	20	70	20
Students reading at or above grade level (%)	70	90	80	80	90	80	90	70	100

Note: All percentages have been rounded to the nearest 10% in an effort to maintain the confidentiality of participating schools.

To fill this void, we describe those procedures we found effective in obtaining a high response rate during it recent effort to recruit families into a study of children's friendships and parental involvement in these friendships. Potential participants were third-grade students enrolled in nine schools in a single county in the southeastern United States. Data collection occurred in two phases. First, all children enrolled in the third grade at the target schools were recruited to participate in a brief, school-based data collection that involved completion of a demographic screening questionnaire and a social network worksheet. Second, mothers of those children who met demographic criteria were asked to participate in a 1-hour home interview with their participating third-grade children. Across all schools, an average of 95% of parents returned completed consent forms for the school-based portion of the project. Consent to participate was obtained from 85% of parents; refusals constituted 11% of responses. Published research reports do not typically provide breakdowns that would allow readers to distinguish between parental refusals versus nonreturn of consent forms. In most publications, researchers do not report participation rates at all. In those cases for which such data are reported, participation rates for classroom-based research efforts vary widely (80%, Buhs & Ladd, 2001; 67%, Mostow, Izard, Fine, & Trentacosta, 2002; 40%, Pomerantz, Ruble, Frey, & Greulich, 1995). In comparison, the 85%

rate of consent to participate obtained through our efforts is highly encouraging. It is the procedures yielding these response rates that are our primary focus here. We also discuss ways in which school-based recruitment and data collection procedures were designed to facilitate enrollment into the home interview portion of the project.

Other researchers have suggested that parental return of consent forms is maximized when forms are mailed to parents and not handled by children (MacGregor & McNamara, 1995). In some states, the names and addresses of enrolled students and their guardians are considered public information and theoretically are available to researchers.. Even under such circumstances, however, school administrators may be hesitant to provide this information to researchers without parental consent. In other states, researchers may face legal barriers to obtaining contact information for students. Our experience is that schools are also reluctant to be an intermediary in the mailing of parental consent forms. In addition, we are sensitive to how such a role may place an undo burden on school staff and may convey to parents that participation in the research project is school mandated, which raises other ethical concerns. In consideration of these factors, we decided to send consent forms home with children.

Participating Schools

Nine schools participated in the research project (see Table 1). Schools 1-6 were selected for participation by the director of the participating school system's Research and Assessment Office so as to provide a representative cross-section of schools in the county, Schools were diverse with respect to size, community type (urban, suburban, rural). and racial composition. Schools 7-9 were enrolled by the principal investigator in an effort to diversify further the school groups. Participating schools were diverse with respect to size, community type, and characteristics of enrolled children including race (Black/White), achievement levels, and qualification for free or reduced hutch (a proxy indicator of socioeconomic status). These schools were not diverse with respect to percent of students enrolled from racial backgrounds other than Black or White. This was due to research restrictions that required all participants in the home interviews to be from one of these two racial groups (the most prevalent within the participating school district). Accordingly, we did not include schools that enrolled a large number of children from other racial groups. Rates for return or consent (units and parental consent for participation were high across all nine schools (see Table 2). Based on our success in obtaining responses from parents regarding their children's participation in this project, we offer the following strategies to assist other investigators planning school-based data collections or involved in the training of graduate students with regard to effective recruitment procedures. We recognize that the effectiveness of these and other recruitment strategies to some extent may be dependent on factors such as the geographic locations from which samples are drawn, demographic characteristics of potential participants, and the local climate concerning the desirability of conducting research in schools.

Table 2
Response Rates for Participating Schools, Parental Consent for School-Based Data Collection

	Schools									Total
	1	2	3	4	5	6	7	8	9	
Enrolled in grade	51 (100)	77 (100)	69 (100)	118 (100)	62 (100)	124 (100)	157 (100)	100 (100)	119 (100)	877 (100)
Returned consent forms	44 (86)	72 (94)	65 (94)	115 (98)	59 (95)	116 (94)	154 (98)	96 (96)	115 (97)	836 (95)
Parental refusal on consent forms	3 (6)	4 (5)	9 (13)	11 (9)	5 (8)	16 (13)	14 (9)	11 (11)	19 (16)	92 (11)
Eligible to participate in school data collection	41 (80)	68 (88)	56 (81)	104 (88)	54 (87)	100 (81)	140 (89)	85 (85)	96 (81)	744 (85)
Number of classrooms below 90% returns	1	0	1	0	1	0	0	1	0	4
Number of classrooms at 90-95% returns	0	2	0	2	1	4	2	2	4	17
Number of classrooms at 100% returns	1	1	2	3	1	1	5	1	1	16

Note: Numbers outside of parentheses represent the number of participants at each school for each phase of the consent process. Numbers inside of parentheses represent this percentage out of the total number of students enrolled in the focus grade at each school.

Strategy 1: Involve Key School Personnel

Crucial to the success of our efforts was obtaining the support of school personnel early on in the research process. Initial contacts with the school system were through the county's Research and Assessment Office, which provided referrals to individual schools. Initial school contacts were at the level of the principal.

Principals were asked to designate a specific individual at their school who would serve as the contact person for the duration of the project. Often this individual was the third-grade school counselor, but occasionally it was an individual working in the school office. This contact person functioned as an intermediary between our project personnel and the teachers: School contacts typically knew teachers and students well, collected forms for us, answered teachers' questions as they arose, and were able to elicit a high level of enthusiasm for the project within individual schools.

Teacher involvement in the consent process was initiated by relaying to them, in written form and via school contacts, the importance of obtaining a representative sample of participating children. We emphasized that we would not conduct data collection in any classroom until we had received at least 90% of signed consent forms (regardless of whether consent was granted or refused) from that class. The 90% cutoff was justified based on both the need to obtain a representative sample and to maximize teacher reimbursements. We implemented a system of reimbursing teachers that took into account rates of return for consent forms. Teachers received \$5 gift certificates from a local educational supply store for each consent form returned by a child in their class, regardless of whether consent was granted or refused. Consent forms were collected by school contacts and handed over to research assistants on regularly scheduled visits to schools. Gift certificates (in most cases totaling well over \$100) were given to teachers on the day of data collection for their classes.

Gift certificates were deemed preferable to cash or checks for several reasons. First, we were able to issue gift certificates to teachers quickly, providing immediate reinforcement for assistance in collecting consent forms. Second, we found that information concerning the gift certificates spread fast within schools, motivating teachers who were slower in collecting forms to increase their efforts. Finally, because certificates were used to purchase materials for classrooms, teachers, school administrators, and parents perceived them to be particularly appropriate. Parents who returned consent forms (regardless of whether consent was granted) demonstrated support for their children's classrooms financially.

Strategy 2: Promote Graduate Student Investment

Key to the success of our efforts was the hard work of a group of dedicated graduate research assistants (RAs). To encourage RAs to become involved personally in the consent process, we assigned individual RAs responsibility for specific schools when possible. Faculty investigators also were assigned schools. This ensured that teachers and contacts at each school built strong collaborative relationships with specific individuals representing the research team. We found that individual RAs became strongly invested in obtaining high rates of return for consent forms from their assigned schools. In addition, school personnel developed relationships with individual RAs, often communicating to us how much they appreciated the attention they received from "their" RAs and the consistency in communication.

RAs also were free to work with school contacts to develop their own individual strategies for encouraging return of consent forms. For example, some schools wished to reward classrooms in which all children had returned consent forms by having RAs provide candy to be distributed by teachers. Another school was interested in having one of the faculty investigators eat lunch at the school and describe her involvement in the project to students in an effort to encourage return of forms. One RA strengthened her relationship with her assigned school by volunteering in a special needs classroom within the school. Several RAs visited participating classrooms regularly in an effort to build rapport with students and teachers alike. By structuring RA responsibilities in this manner, we also ensured that RAs developed a thorough understanding of the consent process from initial contacts with schools through actual data collection sessions. RA investment was promoted further by assigning each RA responsibility for conducting home interviews with families enrolled in their assigned schools.

Strategy 3: Design Effective Consent Forms

Key to obtaining high return rates for consent forms is designing forms that are clear, easy to read, and catch parents' attention. In the case of our project, this task was complicated by a requirement on the part of the participating school system that we include in consent packets two forms developed by the participating school

system's Research and Assessment Office in addition to our own IRB-approved consent form and cover letter. Thus, consent packets consisted of four pages of dense reading material, much of which was redundant. We chose to add a fifth page of material, a cover page that stated in large, bolded letters a succinct set of instructions for parents: "Important! Please complete and return to school tomorrow. Your child's class receives a donation for each form returned—whether you check yes or no!" Our hope was that this page would catch the attention of parents who might normally ignore intimidating written material. We also went through each page of the consent packets and filled in all information possible (e.g., on the school system forms, the name and address of individual schools, child's grade), then highlighted each space needing to be completed by parents. Our hope was that this would reduce the number of incomplete (and thus unusable) forms received, and it appeared to do so. Teachers commented that parents would be more likely to complete forms prepared in this manner, and few consent packets were returned that were completed incorrectly.

In addition, forms were designed so as to indicate clearly that parents completing the form could either agree to their children's participation in the project or refuse consent. By making this visually clear, we hoped to encourage completion by parents who might otherwise indicate their refusal by failing to return the form.

One of our most effective design strategies surfaced accidentally. We used colored paper for consent packets to assist in identifying which packets were from each school. However, when consent packets for one school were printed on neon orange paper, we received a rush of responses within a short period. At this particular school, we had multiple classes reaching return rates above 90% within 1-2 days. When we spoke with parents to schedule home interviews, several mentioned how much they had liked receiving orange forms. They explained that their children came home with numerous flyers each week printed on paper in a variety of "tame" colors. When they saw a form printed on neon orange paper, they knew it was something different and read it before looking at anything else coming home that day. Thus, we recommend that researchers interested in receiving consent forms in a timely manner use the brightest paper possible when making copies.

Strategy 4: Use a Multiple Wave Procedure for Collecting Consent Forms

Past experience has taught us the importance of implementing a multiple wave procedure for collecting consent forms. We have found that the majority of consent forms to be received are returned to the school within 2 days of being sent home. Virtually no forms are received more than 1 week after being sent home. Our consent procedure required four waves of communication with parents, spaced 1 week apart. First, we sent consent forms home with students. One week later RAs returned to schools, collected consent forms, and dropped off a second round of consent forms to be sent home with students. This second group of forms was provided only for children who had failed to return their first forms and was personalized by writing the child's name on the top of each form. One week later, we typically had only a few children in each classroom who had not yet returned forms. At this time, we sent home a third consent form, again labeled with children's names. We also provided stickers for each child to bring home (typically worn home on shirts, but sometimes carried home or stuck to a folder, etc.), requesting that parents look for an important form in children's book bags. Stickers were color coordinated to match the paper on which consent forms were copied.

The final communication with parents, because of confidentiality of parental contact information, was facilitated or conducted by school personnel. Parents were contacted by telephone, asked if they had received consent forms, and then asked to return them the next day if at all possible. Such telephone calls typically resulted in one or two outcomes. In some cases, telephone numbers of record were not valid, in which case no further effort was made to contact parents. Among parents with whom we spoke, most indicated either that they had not received the consent form or that they had misplaced it. We explained to parents that we did not want to conduct data collection in classrooms without being sure they had been informed of the project. Parents usually indicated that they were glad we had contacted them and quickly completed a fourth consent form within 48 hours.

Within each classroom, potential participants were defined as those students who were enrolled 1 week prior to data collection dates. Children who were present for the initial distribution of consent forms but who transferred

out or the target schools prior to data collection were not considered to be eligible for participation in either the school-based or home interview portions of the project. Children who transferred into participating classrooms after the initial distribution or consent forms but before data collection dates were provided consent forms to bring home to their parents and tended to return completed forms promptly. Children who transferred out of the participating schools subsequent to school data collection were still considered to be eligible for the home interview phase of the project.

Transition Into Home Interview Phase

Consent forms for the school-based portion of the project included spaces for parents to provide their telephone numbers. These numbers were used to contact families eligible for participation in home interviews. The school-based portion of the project was virtually always a positive experience for children, and families usually were willing to have RAs come to their homes for interviews. By collecting demographic screening information during school-based data collection, we were able to minimize contacts with noneligible families. Table 3 provides the number and percent of children at each school who did versus did not participate in the home interview portion of the project. Nonparticipants are further broken down into those who (a) we were unable to contact by telephone or mail, (b) refused participation in home interviews, and (c) were ineligible for participation in home interviews.

Recruitment into the home interview portion of the project is not the primary focus of this article. However, the procedures we used to enroll home interview participants may be of interest to some readers. Eligible participants were determined to be those who had received parental consent to participate in the school-based portion of the project and who met demographic screening criteria (mothers and children self-identified as Black or White, biological or adoptive mother present in the home, child born in the United States). Mothers in eligible families were contacted by telephone and the 1-hour home interview procedure was described to them. Mothers were offered \$35 cash as compensation for time spent participating in home interviews and children were provided a gift (a pencil box filled with school supplies such as markers, colored pencils, decorative erasers, etc.). Seventy-four percent of eligible mothers agreed to participate in interviews within their homes or at a location of their choosing. We were unable to contact 9% of eligible mothers, and 17% of mothers declined participation.

Table 3
Response Rates for Parental Consent for Participation in Home Interviews Among Participating Schools

Response Rates	Schools									Total
	1	2	3	4	5	6	7	8	9	
Nonparticipants										
Unable to contact via telephone or letter	2 (4)	8 (10)	3 (4)	14 (12)	1 (2)	12 (10)	4 (3)	6 (6)	4 (3)	54 (6)
Parental refusal	0 (0)	9 (12)	6 (9)	17 (14)	8 (13)	19 (15)	20 (13)	11 (11)	15 (13)	105 (12)
Ineligible	29 (57)	22 (29)	29 (42)	42 (36)	19 (31)	43 (35)	52 (33)	32 (32)	45 (38)	313 (36)
Participants										
	20 (39)	38 (49)	31 (45)	45 (38)	34 (55)	50 (40)	81 (52)	51 (51)	55 (46)	405 (46)

Note: Numbers outside of parentheses represent the number of participants. Number inside of parentheses represent this percentage out of the total number of students enrolled at the target school. Ineligibility was due to failure to obtain completed consent forms for the school-based portion of the project ($n = 41$), parental refusal for the school-based portion of the project ($n = 92$), or failure of children to meet demographic screening criteria ($n = 180$).

Special Efforts for Unusual Classrooms

We found the strategies we used for obtaining parental consent to be effective across a wide variety of school characteristics (e.g., size, racial and socioeconomic composition). There are circumstances that may require special efforts that build on and reinforce the strategies noted here, however. Some of these circumstances include teacher barriers and data collection in schools that serve predominantly minority populations or have student bodies that are socioeconomically disadvantaged (or both).

Teacher Barriers

A handful of classrooms spread across several schools proved particularly challenging with regard to return of consent forms. These low-response classrooms all had teachers who either were invested minimally in the research project or who were new to their schools (in one case, a teacher had taken over the class in question the

week before our arrival). Accordingly, our recommendation regarding such classrooms does not involve changes to our overall strategy for contacting parents. Instead, it is particularly important that project personnel build strong collaborative relationships with all classroom teachers, especially those who may be new and less experienced with regard to classroom management techniques. Within our own project, we focused efforts on making extra visits to these classrooms, providing extra organizational assistance to teachers as they tried to collect and keep track of consent forms and taking over the task of explaining the consent procedure and its importance to children.

Minority and Economically Disadvantaged Families

Prior research documents lower levels of returned parental consent forms and subsequently lower levels of affirmative parental consent among families from socioeconomically disadvantaged backgrounds (Dent et al., 1993). As has been found elsewhere, schools participating in our research with the highest levels of minority student enrollment also had the largest proportion of students eligible for free or reduced-price lunch. Three schools (1, 2, and 8) had minority enrollments ranging from 80 to 100%, with minority students being primarily Black. At two of these schools (1 and 8), the percentage of students eligible for free or reduced-price lunch was 70%. At School 2, 40% of students were eligible for subsidized lunches. At two of these schools (2 and 8), the rate of returned consent forms was 94% and 96%, respectively. These rates are comparable to those schools with a majority of White students, whose subsidized lunch rates ranged from 20 to 30%. In the remaining low-income, predominantly Black school (1), 86% of consent forms were returned. Across all three low-income, predominantly Black schools, the rate of parental refusals to participate was less than or equal to the sample average. Parental refusal to participate in home interviews also was comparable to other schools, with parental refusal rates ranging from 0% (School 1) to 12% (Schools 2 and 8). Finally, taking into account parents who could not be contacted to recruit participation into home interviews, rates of parental consent to participate in home interviews for Schools 1, 2, and 8 were 91%, 69%, and 75% of the eligible students, respectively.

Our success regarding rates of consent form return and parental consent to participate is illustrative of how the strategies outlined here can be effective with schools titling a variety of demographic profiles. In addition to the strategies we have already discussed, schools with high minority enrollments were matched with graduate RAs and one faculty investigator on the basis of race. These members of our research team had histories of working with Black populations in school and clinical settings and had a high level of commitment to conducting research with Black children and families. We believe this experience and commitment, in concert with the other strategies discussed, were critical for creating bridges with parents who might otherwise have been wary of the research process.

Not represented among schools participating in our research were those enrolling large numbers of students from other racial backgrounds. Within such schools, researchers face an additional challenge with regard to obtaining parental consent: how to obtain informed consent from parents whose cultural backgrounds differ from those of researchers and who may not speak or read English. Such populations require additional efforts to ensure that parents are accurately informed concerning the research process. These efforts may include translating consent forms into languages other than English, employing bilingual project personnel, and using community channels to inform parents about the research being conducted. The majority of techniques described here also should be effective with such populations, as long as they are supplemented with efforts to bridge linguistic and cultural differences.

Conclusions

The procedures described here allowed our research team to collect completed consent forms from 95% of target children and yielded an overall consent rate of 85% for the school-based portion of the project. This level of participation exceeds that typically reported for school-based data collections, resulting in a more representative sample. Although our efforts did not yield participation rates comparable to those obtained in studies using passive consent procedures, which typically exceed 90% (Ellickson & Hawes, 1989; L. Steinberg, personal communication, April 1, 1999), the majority of children not participating in the current project had parents who communicated actively their refusal to project personnel. Our strategies also avoided the ethical

dilemmas inherent in passive consent procedures. Accordingly, we believe that the procedures we describe represent a highly effective strategy for obtaining parental consent for participation in research with an English-speaking, elementary-aged population.

We believe the information provided here should be of use to researchers both with regard to their own research efforts and the training of graduate students. The current political and public opinion climate is suspicious regarding the appropriateness of passive consent in research involving children and families. It is imperative that future researchers receive training regarding how to overcome the challenges that often limit their ability to obtain parental consent for children's participation in research. With this in mind, we are hopeful that other researchers who have experienced successes in obtaining parental consent for participation similar to that reported here will consider sharing their strategies as well.

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