DePauw University

Institutional Review Board

Parent Permission for child to participate in a research study

*Title of Study*

**Introduction**

My name is \_\_\_\_\_\_\_\_\_. I am a (*student/professor)* at DePauw University in Greencastle, IN. I am doing a research study (*or, if a student, “I am working with my faculty sponsor, Professor\_\_\_\_).* We invite your child, with your permission, to participate in this study.

Before you and your child decide whether he/she will participate in the study, it’s important for you to understand why we’re doing the research and what’s involved. Please read this form carefully; your child will receive his or her own assent form to sign if he or she decides to participate. We encourage you to discuss the study with your child. If you or your child have questions about the research, feel free to ask us.

**Purpose**

**[***Give a brief explanation of why the study is being done, using one or two sentences written in clear language understandable to the target population. Include the reason why the child is being invited to participate. Note that the study is NOT part of school work, e.g.:]*

We are doing this study to \_\_\_\_\_\_\_\_\_\_\_\_. We are inviting your child to participate because \_\_\_\_\_\_\_. This study is not part of your child’s school work and it will not be graded.

About (*total number of children expected to participate) children at -------- school will be invited to participate.)*

**Procedures**

*List all study procedures/activities in chronological order, using bulleted format. Indicate location where procedures will take place (e.g., in a classroom or other setting), and amount of time for each procedure. Also note TOTAL amount of time required for the study participation. [ See examples below.]*

If your child decides to participate and you give permission, we will ask him/her to:

Answer a questionnaire, play a computer game, be interviewed, be recorded, be videoed, etc. *For each option, include the amount of time for the completion of the procedure, and the questions the student will be asked. State that if the child does not want to be videoed or recorded auditorily, the child may, without penalty, refuse.*

**Alternatives**

**[***Include this section if research intervention occurs during regular school hours. In such cases, an alternate, supervised activity (taking the same amount of time and approximate effort) must be available for children who wish not to participate in the study, or when parental permission is not granted. The alternative activity should be worked out ahead of time with the classroom teacher. This must be conveyed in the form, e.g.]*

If you do not give permission for your child to take part in the study, or if he/she does not wish to participate, your child’s teacher will give him/her a different activity to work on *for the parts of the study during school hours.* It will take about the same amount of time as the research activity.

**Benefits**

**[***Explain the possible benefits of the study, both direct/individual 9if there are no direct benefits, make this clear), and indirect/general benefits to society or scientific knowledge, e.g.:]*

There is no benefit to you or your child personally for taking part in this study. However, we hope that the results of the research will [*indicate the goal (s) of the study]*

**Risks/Discomforts**

[*List possible risks/discomforts, using bulleted format.]*

**Confidentiality**

*[This section should follow this format:]*

We will keep your child’s study data as confidential as possible. If we publish or present results of this study, we will not use individual names or other personally identifiable information.

To help protect confidentiality, we will…[*Explain security measures to be taken for data, samples, recordings, etc.-such storage, coding, encryptions, limited access to the study’s records-in appropriate language for parent population.]*

*[If data/records will be destroyed, state when; if they will be retained, explain for how long and why, ,e.g.:]* We plan on keeping the information for \_\_\_\_\_years, in case we or other researchers want to use it later for other studies. But we will follow the same steps we just described to keep it as confidential as possible.

**Compensation/Payment**

**[***If no payment:] You/your child will not be paid for being in this study. [*Or if payment:] You {*or depending on arrangement,* your child] will receive [*amount of money, gift cards with their value]* as a thank-you for the time and effort to take part in the study. [*Briefly explain how/when compensation will be dispersed.]*

**Rights**

***Participation in this research study is completely voluntary.*** You have the right to decline to allow your child to participate or to with draw your child at any point in the study without penalty or loss of benefits to which you are otherwise entitled. Your child has the same rights to decline to participate or withdraw from the study at any time.

**Questions**

You and your child can ask questions about this study at any time, now, or later. You can talk to me, *another researcher on our team, or someone else* at any time during the study. You can contact me, [PI and/or student investigator’s name ] *at 000-000-0000 or email. Or you may contact the Institutional Review Board at DePauw at 765-658-5021 or email: irb@depauw.edu*

**PARENT PERMISSION**

IF YOU DECIDE THAT YOUR CHILD \_\_\_\_\_\_\_\_\_ MAY PARTICIPATE IN THIS STUDY, PLEASE SIGN AND DATE BELOW. WE WILL GIVE YOU A COPY OF THIS FORM TO KEEP FOR YOUR RECORDS.

Child Participant’s Name (*please print*

Date:

Parent/Guardian’s Name (*please print)*

Date:

Parent/Guardian’s Signature