



Informed Consent Form

****Note sample only so tailor to your specific study**

I am conducting a study about [insert general statement about the study]. I invite your child to participate in this research. Your child was selected as a possible participant because [explain how subject was identified]. Please read this form and ask any questions you may have before allowing your child to be in the study.

This study is being conducted by: [Indicate name of researcher, name of research advisor, if applicable, Department affiliation].

Background Information:

The purpose of this study is: [Explain research question and purpose in clear, lay language. You may also wish to explain the benefits of this research to people other than the subject]

Procedures:

If you allow your child to be in this study, I will ask him or her you to do the following things: [Explain all tasks and procedures; subjects should be told about assignment to study groups, length of time for participation, frequency of procedures, etc.]

If you choose for your child to not participate in this study, your child will.....during that time period of class.

Risks and Benefits of Being in the Study:

The study has several risks. First [], Second, [] [Risk must be explained, including the likelihood of the risk and provisions made to minimize the risk.]

The direct benefits to your child for participating are: [If no benefit, state that fact here. Explain only direct benefits to the subject]

Participation in this study has no to minimal risk of emotional discomfort due to participation and/or recordings. If your child experiences emotional discomfort, resources for support are available through your school's counseling resources at XXX-XXX-XXXX and website.

Confidentiality:

In any publications of the results, pseudonyms will be used in place of names of participants or locations. The records of this study will be kept private. In any sort of report I publish, I will not include information that will make it possible to identify your child in any way. Research records will be kept secured; my research advisor and I are the only people who will have access to the records. [If tape recordings or videotapes are made, explain who will have access, if they will be used for educational purposes, child may have some discomfort in being recorded, option to participate and not be recorded, and when they will be erased.]

- **VIDEO RECORDINGS**

Classroom observations may be video recorded for data analysis, and portions of recordings may be presented in a professional context. Although real names will not be used in presentations of the research, and responses will be treated with confidentiality to anyone outside of the project research staff, participants might be identifiable to people who recognize them in video recorded artifacts. Recordings will be kept until completion of degree and destroyed immediately thereafter. Please sign below if you are willing to allow your child's image recorded. Your child may still participate in this study if you are not willing to have your child's image recorded. If you are not willing to have your child video recorded, the camera will be situated in the classroom at an angle that will avoid capturing your child's image on tape. Any unintentional video recording(s) of your child will be edited to blur their image, causing them to be unrecognizable to viewers.

Signature of Parent / Guardian

Date

- **AUDIO RECORDINGS**

Interviews may be audio recorded for data analysis, and portions of recordings may be presented in a professional context. Although real names will not be used in presentations of the research, and responses will be treated with confidentiality to anyone outside of the project research staff, participants might be identifiable to people who recognize them in audio recorded artifacts. Recordings will be kept until completion of degree and destroyed immediately thereafter. Please sign below if you are willing to have the interview(s) audio recorded. You may still participate in this study if you are not willing to have the interview(s) audio recorded.

Signature of Parent / Guardian

Date

Voluntary Nature of the Study:

Your child's participation in this study is entirely voluntary. Your decision whether or not to allow him or her to participate will not affect your child's or your own current or future relations with Judson University or your current school district. If you decide to allow participation, you are free to withdraw your child from the study at any time without penalty. Should you decide to withdraw your child from the study, data collected about him or her [state whether or not you will use their data].

Contacts and Questions

My name is [insert researcher's name]. You may ask any questions you have now or at any point during the study. If you have questions later, you may contact me at [school telephone number and, if available, school e-mail address]. [If the researcher is a student, include advisor's name and telephone number here.] You may also contact (faculty sponsor name), (Title) at (phone) with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I give consent for my child to participate in the study.

Printed Name of Parent or Guardian

Date

signature of Parent or Guardian

Date

Signature of Study Participant
[use this if a separate child assent form is not used]

Date

Signature of Researcher

Date