*School of Education*

**Study Title:** [*Title as listed on IRB application*]

**IRB Approval File Code:** *[Code listed within IRB Approval Email: ex: P091008009Q]*

**Researchers:**

* *Principal Investigator – Your name, your phone, your email*
* *Research Advisor – Dr. Aïda Michlowski, Marian Professor*

You are being asked to allow your child to take part in a research study carried out by me, insert your name Please read this form carefully, taking as much time as you need. Ask me, the researcher to explain anything you don’t understand. This study has been approved for human subject participation by the Marian University Institutional Review Board (IRB).

You may refuse to give permission, or you may withdraw your permission for your child to be in the study, for any reason. Your child will also be asked if he or she would like to take part in this study. Even if you give your permission, your child can decide not to be in the study or to leave the study at any time.

**What is this research study about?**

This research study is being done to *(Briefly describe the primary purpose of the study in lay language).*

We are asking your permission for your child to be in the study because *[include a reason why you are asking for the child’s participation (e.g.,…he or she is in my 7th grade History class)*

**What will my child be asked to do if he or she is in this research study?**

If your child takes part in the study, he or she will be asked to *(Provide a complete description of procedures, including :)*

* *Each specific step involved and the chronological order in which they will occur*
* *The estimated amount of time each will take, and the total time involved*
* *An explanation of any aspect of the procedures that are experimental*
* *A description of questionnaires, surveys, and interviews and include examples of the most personal or sensitive information you will be seeking*
* *A statement that the child may refuse to answer any question in any test, questionnaire, or interview*
* *A statement that you will be using voice, video, digital or image recordings. (If this is a requirement of anyone who takes part in the study, state that in the exclusion criteria in the previous section.*

**Are there any benefits to my child if he or she is in this research study?**

The potential benefits to your child for taking part in this study are…*Describe only those that are likely for research participants. Do not overstate potential benefits. If there are none, state:* There is no direct benefit to your child from being in this study.

If your child takes part in this study, *(describe generalizable or societal benefits in a sentence, such as* *“If your child takes part in this study, it may help others in the future.”)*

**Are there any risks to my child if he or she is in this research study?**

The potential risks to your child from taking part in this study are … (*In addition to physical risks/discomforts or stress, describe any other risks, such as:*

* *psychological, social, or loss of confidentiality*
* *risks associated with sensitive questions, for example, distress or discomfort*
* *Describe the probability of each risk in terms of “likely,” “possible,” or “unlikely,” For example, “The potential risk to your child from taking part in this study is the loss of confidentiality, although unlikely.”*
* *Describe the precautions that are being taken to minimize risks and steps that will be taken if risks occur. (You may omit this if you only list loss of confidentiality as an unlikely risk since you will address this in the next question.)*
* *If applicable, discuss the availability of referrals, counseling, or other services, such as suicide counseling*

**Will information about my child be kept private?**

*(Use only if applicable*) The data for this study are being collected anonymously. Neither the researcher(s) nor anyone else will be able to link data to you.

[*o*r]

The data for this study will be kept private and confidential to the extent allowed by federal and state law.

* *If data are coded and a key maintained separately, inform participant of the process.*
* *Explain how you will maintain the participant’s privacy throughout the study (e.g. private conversations, interaction with other participants)*
* *Describe where data will be stored and how it will be protected.*
* *Describe who will have access to the data, including:All researchers and research staff, Institutional Review Board (IRB), and Sponsors, agencies*
* *Inform parent if voice, video, digital or image recordings will be made of their child, and indicate if this is required to be in the study. If recordings are optional, a separate check box must be included with the signature at the end of the form.*)
* *Explain to the parent whether or not information obtained about their child will be shared with them, their physician, or any other individual.*

The results of this study may be published or presented at professional meetings, but your child’s name will not be used or associated with the findings. The data for this study will be kept for three years and destroyed after that.

**Are there any costs or payments for your child being in this research study?**

There will be no costs to you or your child for taking part in this study and you will not receive money or any other from of compensation for taking part in this study.

**What are my child’s rights as a research study volunteer?**

Your child’s participation in this study is completely voluntary. Your child may choose not to take part in this study, choose not to answer specific questions, or leave the study at any time. (If applicable, discuss what the child will doing if the child is not involved in the study, such as “The child will still take part in the regular classroom activities, but the child’s information will not be used in the study.) There will be no penalty or loss of benefits to which you or your child are entitled if you choose not to give your permission for your child to take part or your child withdraws from the study.

**Who can I talk to if I have questions?**

If you have questions about this study or the information in this form, please contact the researcher (*name and complete contact information: mailing address, e-mail address, and phone number(s)*). If you have questions about your rights or your child’s rights as a research participant, or would like to report a concern or complaint about this study, please contact the Marian University IRB Administrator at (920) 923-8796, or e-mail orsp@marianuniversity.edu, or regular mail at: Marian University ORSP, 45 S. National Avenue, Fond du Lac, WI 54935.

**What does my signature on this consent form mean?**

Your signature on this form means that:

* You understand the information given to you in this form
* You have been able to ask the researcher questions and state any concerns
* The researcher has responded to your questions and concerns
* You believe you understand the research study and the potential benefits and risks that are involved for your child.
* You understand that even if you give your permission, you child may choose not to take part in the study.

**Study Title:** [*Title as listed on IRB application*]

**Researchers:**

* *Principal Investigator – Your name, your phone, your email*
* *Research Advisor – Dr. Aïda Michlowski, Marian Professor*

**Statement of Consent**

I give my voluntary permission for my child to take part in this study. I will be given a copy of this consent document for my records.

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Signature of Parent or Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent or Guardian

**Statement of Person Obtaining Informed Consent**

I have carefully explained to the parent of the child being asked to take part in the study what will happen to their child.

I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of his or her child’s participation.

I also certify that he or she:

* Speaks the language used to explain this research
* Reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her
* Does not have any problems that could make it hard to understand what it means for his or her child to take part in this research.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Consent Date

\_\_\_\_\_Type your name here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Principal Investigator\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Person Obtaining Consent Person’s Role in Research Study