**TEMPLATE PARENTAL PERMISSION FOR MINORS PARTICIPATION IN RESEARCH**

**{Experiment Title}**

**INTRODUCTION**

The purpose of this form is to provide you (as the parent of a prospective research study participant) information that may affect your decision as to whether or not to let your child participate in this research study. Read the information below and ask any questions you might have before deciding whether or not to give your permission for your child to take part. If you decide to let your child be involved in this study, this form will be used to record your permission.

**TAKING PART IN THIS STUDY IS VOLUNTARY**

This research study will take place during regular classroom activities; however, if you do not want your child to participate, an alternate activity will be available. Deciding not to participate, or deciding to leave the study later, will not result in any penalty or loss of benefits to which your child is entitled and will not affect your relationship with their teacher or with {school}.

**WHY IS THIS STUDY BEING DONE?**

If you agree, your child will be asked to participate in a research study about {general statement about study}. The purpose of this study is to measure and compare how {describe experimental contrast}. Your child was selected as a possible participant because they are a student in {class} where the teacher opted to have their class participate. The study is being conducted by {researcher names}.

**WHAT WILL HAPPEN DURING THE STUDY?**

If you allow your child to participate in this study, they will be asked to:

* Complete assignments as normal in {class}, but the format of at least two of these assignments may be varied. The learning content will be the same, but the way that the questions are asked will be different.
* Your child will complete these assignments even if they do not participate in the research. By agreeing to allow your child to participate, you will allow your teacher to randomly change the format of at least two learning activities that are assigned to your child, and allow the analysis of your child’s work in this class.

**WHAT ARE THE RISKS OF TAKING PART IN THE STUDY?**

By participating in this study, your child may be assigned learning materials that are different from what might normally be assigned. Teachers and researchers think that these new materials might be better, but there is a risk that these might be less effective. In order to minimize any effects of this risk, please encourage your child to ask their teacher if anything is confusing, and the teacher will provide help as normal. The individual assistance provided by your teacher will not be manipulated as part of this study.

**WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THE STUDY?**

Your child will receive no direct benefit from participating in this study, but we hope to learn things that will help scientists and teachers in the future.

**HOW WILL MY CHILD’S INFORMATION BE PROTECTED?**

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. If it becomes necessary for the Institutional Review Board to review the study records, information that can be linked to your child will be protected to the extent permitted by law. Your child’s research records will not be released without your consent unless required by law or a court order. The data resulting from your child’s participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate it with your child, or with your child’s participation in any study.

**WILL MY CHILD’S INFORMATION BE USED FOR RESEARCH IN THE FUTURE?**

Information collected from your child for this study may be used for future research studies or shared with other researchers for future research. If this happens, information which could identify your child will be removed before any information is shared. Since identifying information will be removed, we will not ask for your additional consent.

**WILL THERE BE ANY COMPENSATION?**

Neither you nor your child will receive any type of payment participating in this study.

**WHO SHOULD I CALL WITH QUESTIONS OR PROBLEMS?**

For questions about the study, contact the researcher {research name, contact information}. For questions about your child’s rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the Human Subjects Office at {contact info}.

**PARENTAL PERMISSION**

You are making a decision about allowing your child to participate in this study. Your signature below indicates that you have read the information provided above and have decided to allow them to participate in the study. If you later decide that you wish to withdraw your permission for your child to participate in the study you may discontinue his or her participation at any time. You will be given a copy of this document.

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Printed Name of Child

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Signature of Parent(s) or Legal Guardian Date

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Signature of Investigator Date