Parent Letter Template

Annex for Human Subjects Review

**This template is only for EXEMPT research in educational settings.**

This letter is to be used after obtaining permission from the relevant authority in the educational setting. Note that authority to contact parents should be discussed with that authority; in some instances the researcher may not be allowed to contact parents directly.

Please modify this letter so that it is appropriate for your study. This includes making certain the letter is culturally appropriate, in a language comprehensible to parents, at a reading level they can understand, etc. In some cases, this text may serve as the basis for a verbal consent process. Please delete or modify any text in brackets/italics. For example, if you are addressing an adult student, write the letter directly to the student. Adapt the language to the educational contexts as appropriate, for instance, you may replace the word “class” for a non-formal education activity. Please note that you may reduce the length of the letter to make it more accessible for your participants so long the core requirements listed in the template are met.

(Delete text above for your final form)

## parent notificATION LETTER

Dear Parent,

My name is Researcher’s Name and I am conducting a research study in your child’s class. I am interested in studying please briefly explain the purpose of your study.

(*In this next paragraph, explain when you will be in the class and what you will do in the class. Include an explanation about the child’s data and confidentiality issues. The following paragraph is a sample; please alter the paragraph so that it fits your study.*)

I will be in your child’s class once each week for five weeks for about an hour per session. While I’m in the classroom, I will observe the teacher’s instruction methods and take notes (or video tape, etc). I will take great care in maintaining the confidentiality of your child. This means that I will not share your child’s name in any future uses of this information. If necessary, I will use a pseudonym/false name to protect your child’s identity. As part of this study, you/your child will not do anything outside of his/her/your normal classroom activities and there is no risk to you/your child. Your child’s participant will not affect his/her/your grade.

If you have any questions or concerns about the study, or if you would like to withdraw your child from the study, please contact me at:

Researcher’s Name & contact info

If you have questions about your rights as a research participant, please contact the SIT Institutional Review Board:

*School for International Training, Institutional Review Board, 1 Kipling Road, PO Box 676, Brattleboro, VT 05302-0676, USA.* [*irb@sit.edu*](mailto:irb@sit.edu)*, +001-802-258-3132*

Sincerely, Researcher’s Name