Parental Permission Template

Annex for Human Subjects Review

**This template is for use in research requiring a full review.**

Please modify this consent form so that it is appropriate for your study. This includes making certain the letter is culturally appropriate, in a language comprehensible to participants/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, and where multiple options are given (such as two possible sentences marked as either/or) select one and delete the others. Please note that you may reduce the length of the letter to make it more accessible for your participants so long as the core requirements listed in the template are met.

(Delete text above for your final form.)

## Parental permission form for child’s research participation

Study Title:

Researcher:

Your child is being asked to take part in a research study. This form has important information about the reason for doing this study, what we will ask your child to do, and the way we would like to use information about your child if you choose to allow your child to be in the study.

###### Why Are You Doing This Study?

Your child is being asked to participate in a research study about …. The purpose of the study is …

###### What Will My Child Be Asked to Do If My Child Is In This Study?

Your child will be asked to explain what participants will be asked to do. Explain if you will be asking any personal or sensitive questions. Participation should take about insert expected amount of time.

If you will be tape recording subjects, include the following:

We would like to video record [or audio tape] your child as he/she performs study task(s) that will be recorded, to make sure that we remember accurately all the information. The researchers will keep these tapes in explain where you will keep them and they will only be used by explain who will have access to the tapes. We will only video record (or audio tape) your child if you and your child give us permission.

If subjects may participate without being taped, include I agree … and I do not agree… options at the end of this form. If audio/video recording are not optional, then state Audio/Video recording is required for participation in this study. If you or your child do not wish to be recorded, it is not possible for your child to be in this study.

NOTE: if the parent is also a participant in the study, include a section describing what research tasks the parent will be asked to do OR create a separate consent form addressing the parent as a participant.

###### What Are the Possible Risks or Discomforts to My Child?

Explain any foreseeable risks to subjects here.

###### Examples:

To the best of our knowledge, the things your child would be doing in this study have no more risk of harm than the risks of everyday life.

###### Or

Your child’s participation in this study does not involve any physical or emotional risk to your child beyond that of everyday life.

###### Or

Your child’s participation in this study may involve the following risks… describe any reasonably foreseeable risks to psyche, reputation, employability, insurability, social status, criminal or civil liability that may occur as a result of participation.

###### Examples of risk explanations:

* Your child may get tired during the tasks. We will explicitly explain to your child to tell the interviewer at any time if he/she wants to take a break or stop the interview.
* Your child may feel emotionally overwhelmed or may experience sensory integration issues when answering some of the questions. We will explicitly explain to your child to tell the interviewer at any time if he/she wants to take a break or stop the interview.
* Your child may be uncomfortable with some of the questions and topics we will ask about. If your child is uncomfortable, they are free to not answer or skip to the next question.

As with all research, there is a chance that confidentiality of the information we collect about your child could be breached – we will take steps to minimize this risk, as discussed in more detail below in this form.

###### What Are the Possible Benefits for My Child Or Others?

Your child is not likely to have any direct benefit from being in this research study. This study is designed to learn more about insert purpose/topic of study. The study results may be used to help other people in the future.

###### OR

Taking part in this research study may not benefit your child personally, but we may learn new things that will help others.

###### OR

The possible benefits to your child from this study include…

Please describe the possible benefits to the child from this study. Do NOT include information on payment/reimbursement in the description of benefits – that information belongs in a separate Financial Information section.

###### How Will You Protect the Information You Collect About My Child, And How Will That Information Be Shared?

Results of this study may be used in publications and presentations. Explain measures to protect data confidentiality/personal privacy here. If disclosure of faces or voices is necessary to understanding the research and so identifying information may be used in reports/presentations, explain this and provide “I agree” “I do not agree” options at the end of the consent form.

###### Confidentiality

[Describe how you will maintain the confidentially or anonymity of your respondents during data collection, after the study is finished and in the presentation or publication of your research. Specifically, who will have access to these data? How will personal information, research data, and related records will be stored to prevent access by unauthorized people (e.g. will data be kept in a locked cabinet, or if in a computer, is data password protected?). Explain when audio/video-recordings or notes will be erased or discarded. If data will be anonymized (e.g. by associating codes with names) explain how. When the results are presented or published, how will you protect the research subject’s identity?]

*Any identifiable information obtained in connection with this study will remain confidential…. I will (explain in detail how you will protect these data).*

*When the results of the research are published or discussed in conferences, no identifiable information will be used.*

###### Financial Information

Participation in this study will involve no cost to you or your child. Your child will not be paid for participating in this study.

###### OR

If subjects will be paid, explain the amount and terms of payment/reimbursement. If payments will be prorated if a subject withdraws from the study, state the terms.

###### Optional Study Elements

This section should include other explicit consents for optional elements of the research procedures, such as audiotaping, videotaping, storing photographs for future use, or using the subjects’ actual name in research publications.

###### Examples:

###### Consent to Quote from Interview

I may wish to quote from the interview with your child either in the presentations or articles resulting from this work. If a pseudonym will be used, include this statement: A pseudonym (fake name) will be used in order to protect your child’s identity.

Initial one of the following to indicate your choice:

(initial) I agree to consent to quote from an interview

(initial) I do not agree to consent to quote from an interview

###### Consent to Audio-Record Interview

Initial one of the following to indicate your choice:

(initial) I agree to consent to audio record an interview

(initial) I do not agree to consent to audio record an interview

###### Consent to Have Recordings Played in Public (if relevant)

I may wish record the interview with you and play that recording in public, either a conference or classroom presentation.

Initial one of the following to indicate your choice:

(initial) I agree to consent to audio record an interview and that the recording be used in a conference (classroom) presentation.

do not agree to consent to audio record an interview and that the recording be used in a conference (classroom) presentation.

(initial) I do not agree to consent to audio record an interview and that the recording be used in a conference (classroom) presentation.

###### What Are My Child’s Rights as A Research Participant?

Participation in this study is voluntary. Your child may withdraw from this study at any time -- you and your child will not be penalized in any way or lose any sort of benefits for deciding to stop participation.

Include this if research is being done in a school setting: If you and your child decide not to be in this study, this will not affect the relationship you and your child have with your child’s school in any way. Your child’s grades will not be affected if you choose not to let your child be in this study.

If your child decides to withdraw from this study, the researchers will ask if the information already collected from your child can be used or in the alternative, state that the information already collected will not be used.

###### Who Can I Contact If I Have Questions Or Concerns About This Research Study?

If you or your child have any questions, you may contact the researcher at add your contact information, including name, telephone number, and email address.

If you have any questions about your child’s rights as a participant in this research, you can contact the following office at the School for International Training:

*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*

###### Parental Permission For Child’s Participation In Research

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I give permission for my child to participate in the research study described above and will receive a copy of this Parental Permission form after I sign it.

*Parent/Legal Guardian’s Name (printed) and Signature Date*

*Name of Person Obtaining Parental Permission Date*

[For studies taking place in a school, this paragraph generally should be included (if you are unsure whether to include this paragraph for your study, please contact the SIT IRB for guidance)]

Parents, please be aware that under the Protection of Pupils Rights Act (20 U.S.C. Section 1232(c)(1)(A)), you have the right to review a copy of the questions asked of or materials that will be used with students. If you would like to do so, you should contact [Researcher to obtain a copy of the questions or materials.