# **Instructions for Investigators**

Use this type of CONSENT FORM for research projects that involve:

* Research participants who are MINORS (age 17 and under). Since minors typically may not provide informed consent for themselves, a parent/guardian needs to provide consent for the minor to participate. The researcher must get both the minor's assent (which is a separate document, not listed in this file) and the consent/permission of the minor's parent/guardian for the minor to participate.
* Interview, Survey, or Observation
* Always have two copies of the informed consent for each potential participant. One signed copy is kept by the PI or research team, and the other is to be given to the enrolled participant after written consent is given.

Highlighted sentences are mandatory for all consent forms.

Please remove the yellow highlights and *red notes* before finalizing your consent form.



**Parent/Guardian Consent for their Child to Participate in a Research Project**

*(Insert PI name)*, Principal Investigator

*Project Title: (insert title here)*

My name is *(insert name)*. I am requesting your permission for your child to participate in my research project about *(briefly describe topic)*. I am a *(state whether student, faculty, etc.)* at Franklin University, from the (*insert department affiliation*). *(If student, indicate that findings will contribute to thesis or dissertation)*.

***What am I being asked to agree to?***

If you agree for your child to be in the study, I will interview/survey your child *(state how many interview/survey sessions are proposed)*. The interview/survey questions will ask *(briefly describe the type of questions)*.

***Taking part in this study is your choice.***

You can choose to allow your child to take part, or you can choose not to take part in this study. *(If the minor subject is age 7 or older, an assent may also be required. If using an assent, state:* I also will ask your child to agree to participate in this project. You (or your child – *if using assent*) also can change your mind at any time. If you stop being in the study, there will be no penalty or loss to you.

***Why is this study being done?***

The purpose of my research project is to *(state what the study is designed to assess or establish)*. I am asking your permission for your child to participate in this project because (*explain succinctly and simply why the prospective participant is eligible to participate*).

***What will happen if I decide to take part in this study?***

If you and your child agree for your child to be in the study, the interview/survey will be held *(describe where the interview will take place)*. The interview/survey will take *(describe how long the interview will take. If multiple interviews, also include total time commitment*). Your child and I and (*describe other personnel or state:* no one else) will be present in the room during the interview/survey. If your child participates, he or she will be one of *(describe the number of participants)* that I will interview/survey separately. One example of the kind of question I will ask is, *(provide a sample question or two)*. If you would like to see a copy of all of the questions that I will ask, please contact me via the phone number or email address listed near the end of this consent form.

(*If the interview will be recorded, state*: With your and your child's permission, I will record the interview using an audio-recorder). (*If transcribing, state*: I am recording the interview so I can later type a written record of what we talked about during the interview. I will evaluate the information from the interview.)

***What are the risks and benefits of taking part in this study?***

*(Describe any reasonable foreseeable risks, discomforts, inconveniences, and how these will be managed. If there are significant psychological risks to participation that might cause the researcher to terminate the study, please describe them and the possibility that the researcher may terminate the study without prior notice to participants. If potential risk is minimal, such as minor discomfort, it is appropriate to state this, i.e., “*I believe there is little or no risk to your child in participating in this project. There is a possibility your child may become uncomfortable or stressed by answering an interview/survey question or questions.”) If that happens, we will skip the question, take a break, or stop the interview/survey. Your child may also withdraw from the project altogether at any time.

*(Describe any expected benefits to participants from the research. In MOST interview/survey research, the participant will not benefit from participation. This should be clearly stated, i.e., “*There will be no direct benefit to you or your child for participating in this project*.”* The results of this project might help me, other teachers, and researchers *(describe more general benefits the research may generate))*.

***Research findings:***

*(Indicate if any test results (i.e., clinically relevant research results) will be disclosed to participants, and if so, under what conditions).*

***Privacy and confidentiality:***

Any information that is obtained in connection with this study and that can be identified with your child will remain confidential and will be disclosed only with your permission. (*Describe procedures to safeguard data, i.e.,* “All study data will be secured in encrypted files on a password protected computer.”) (*Describe who will have access to identifiable records, i.e.,* “My Franklin University advisor and I will have access to the information.)

Other agencies that have legal permission have the right to review research records. The Franklin University Institutional Review Board has the right to review research records for this study.

***Future research studies:*** (*Insert this language as appropriate*)

After I write down the interviews, I will destroy the audio-recordings. Identifiers will be removed from the research records. When I report the results of my research project in my typed paper, I will not use your child's name or any other personal information that would identify your child. Instead, I will use a pseudonym (fake name) for your child. If you would like a copy of my final report, please contact me at the number listed near the end of this consent form.

After removal of identifiers, the research records may be used for future research studies or distributed to another investigator for future research. We will not seek further approval from you or your child for these future studies.

***(OR)***

Even after removing identifiers, the data from this study will not be used or distributed for future research studies.

***Compensation:***

*(Describe any compensation for participation here, such as: “*You (*OR*) Your child will receive a $5 gift certificate to either Starbucks or Panera for your time and effort in participating in this research project*.”)*

***Questions:***

If you have any questions about this study, please call or email me at *(insert phone number and/or email address – do not use personal numbers)*. *(If this is a student project, add:* You may also contact my advisor, *[insert name]*, at *[phone number and email address])*.

You may contact the Franklin University IRB Office at 614-947-6037 or irb@franklin.edu to obtain information, or to discuss problems, concerns, and questions.

If you agree to your child’s participation in this project, please sign and date the following signature page and return it to: *(insert here)*

Keep a copy of the informed consent for your records and reference.

**Signature(s) for Consent**:

I give permission for my child to join the research project entitled *(insert study title).* I understand that my child can change his or her mind about being in the study at any time. I understand that I may change my mind about my child being in the study at any time.

**Name of Child (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent/Guardian (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**