

Date

Dear Parent or Guardian of Potential Participant:

 I am recruiting children who DESCRIBE NECESSARY CHARACTERISTIC for a research study and I am asking for you to consider your child’s participation. POTENTIAL BENEFIT OF PARTICIPATING. I will be conducting this research at IINDICATE LOCATION AND DATE.

 The purpose of this investigation is GENERAL PURPOSE STATEMENT. IT SHOULD BE CLEAR TO THE PARENT WHAT THE PARTICIPANT WILL DO AND/OR THE TYPE OF INFORMATION THAT WILL BE SOLICITED FROM THE PARTICIPANT. Data will be collected on FILL IN FOR STUDY.

 Sessions will be scheduled based on VARIABLES. If there are specific times that you would prefer your child not participate in sessions this will also be taken into account. Your child will be asked to work with me for RANGE minutes RANGE times per week. They will be allowed to take RANGE minute breaks during the session if requested. If your child does not want to attend a session or wants to leave during a session, they are free to withdraw from a session and/or involvement with the study at any point.

Your child’s participation in this study is purely voluntary. The identification of participants will remain confidential. All participants will be assigned a code name and will be referred to only by their code name. My research advisor, research assistants, and I will be the only persons who have access to the data collected. Upon the conclusion of the experiment (or your withdrawal), any report of your child’s participation will be kept in SECURE PLACE. Records of participation will be destroyed within TIME of completion of the study. All reasonable steps to protect the identity of the individuals who participate in this study will be taken.

Please see the attached consent form for additional information. If you have any questions, please contact RESEARCHER AND ADVISOR CONTACT INFORMATION.

Sincerely,

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

RESEARCHER

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

ADVISOR

# Consent to Participate in a Research Study

**TITLE OF THE STUDY:**

TITLE

**INVESTIGATOR:**

NAME AND AFFILIATION WITH COLLEGE

**PURPOSE:**

GENERAL STATEMENT OF PURPOSE

**PROCEDURE:**

WHAT THE CHILD WILL BE ASKED TO DO.

This research will include RANGE minute sessions, held RANGE times a week for up to RANGE months. Breaks will be provided for your child whenever requested or indicated. Participation in this study is purely voluntary and withdrawal can occur at any time with no penalty. Neither permission nor denial of the individual’s participation in this study will affect services provided to you or your child by LOCATION OF RESEARCH.

**CONFIDENTIALITY:**

Your and your child’s identities will be protected to the extent allowable by law. Neither of you will be personally identified in any reports, presentations, or publications that result from this research study. Throughout the duration of the study, only the investigators and ANYONE ELSE WHO IS APPLICABLE will have knowledge of your child’s participation. Upon the conclusion of the experiment (or your withdrawal), any report of your child’s participation will be kept in SECURE PLACE. Records of participation will be destroyed within TIME of completion of the study. AUDIO/VIDEO TAPES will not contain any identifying information (i.e., participant name or age) and will be used solely for the purpose of scoring responses. With your consent the VIDEO/AUDIO TAPES may also be used for instructional purposes. It is understood that these tapes will be kept in A SECURE LOCATION and will be destroyed after they have been scored.

RISKS:

There are no anticipated risks for your child to participate in this study.

**BENEFITS:**

ANY POTENTIAL BENFITS

**COSTS/COMPENSATIONS:**

There will be no cost to you for participating in this study. You will not receive compensation for participating in this study.

**QUESTIONS:**

If you have any questions, please contact NAME AND CONTACT INFORMATION OF RESEARCHER AND ADVISOR.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **DO** agree to allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of participant), who is my child or ward to participate in this research project conducted by RESEARCHER and ADVISOR. (IF AN AUDIO OR VIDEO RECORDING WILL BE MADE: I give my permission for my child or ward to be (indicate type of recording)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **DO** **NOT** agree to my child or ward’s participation in this research project conducted by RESEARCHER and ADVISOR.

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“I agree I disagree to having my son, daughter, or ward’s responses recorded on videotape.”

“I agree I disagree to having my child or ward’s videotaped responses shown for research and teaching purposes.”

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Guardian Signature Date

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Investigator Signature Date