**PARENTAL PERMISSION FORM**

The following information describes the research study your son/daughter is being asked to participate in. Please read this form carefully as it provides important information about his/her participation. You have the right to take as much time as you need to make this decision and ask all the questions necessary to be fully informed about your son/daughter’s participation. If you decide you want your son/daughter to participate, you will be asked to sign this form. A copy of this form will be provided to you for your records.

***[TITLE OF RESEARCH STUDY]***

**PURPOSE OF STUDY:**

Your son/daughter is being asked to participate in a research study. The purpose of this study is to learn more about [*describe the purpose of the study in lay terms that will be understandable to the parents*]. Your son/daughter is invited to participate because [*describe reasons for asking the child to participate*].

**RESEARCH PROCEDURES:**

If you decide you want your child to participate, he/she will be asked to [*describe step-by-step the activities that the parent can expect their child to endure before, during and after the study. You must include the following in your description:*

* *The length of time the child is expected to commit e.g. your child will be asked to complete two interviews at 2-week intervals. Each interview will last approximately 20 minutes.*
* *Describe the types of questions that will be asked or topics that will be covered in all surveys, measures, questionnaires. Describe the type of data that will be collected from the child’s school records, medical records, etc. For example, during the interview your son/daughter will be asked about his experience with being in the soccer team and his/her response to different levels of stress; your son/daughter will be asked about his use of social networking sites.*
* *Describe where and when the parents can expect their child to complete study procedures, whom they will interact with and whether the parents will be allowed to be present. For example, for visit one you will be asked to bring your child to Suffolk University in Boston. He/she will be with a research assistant who will help them complete the surveys and you will be asked to stay in the room.*
* *Describe if audio or video recordings will be made. If you are observing behaviors or taking notes during your interview, you must state so. For example, we will audio record our session with your son/daughter. While we talk to him/her we will be take note of how many times they look towards you for guidance. All audio recordings will be transcribed.*
* *Clearly define which procedures are being done as part of the research and which are non-research procedures. For example, the writing workshop your son/daughter is attending in school is not part of this research. This research is limited to collecting and analyzing the data that result from the workshop to better understand if this is an effective teaching method. We will collect your son/daughter’s school records to see if their grades have improved as a result.*
* *Provide information about the study design. For example, your son/daughter will be assigned by random to a control group or an experimental group. This is similar to a flip of a coin. It is up to chance and not the researchers which group your child is assigned to.*
* *If the study procedures are cumbersome, it may be helpful to number or bullet them.*

**RISKS AND/OR DISCOMFORTS:**

There are no anticipated risks and/or discomforts that your child should experience as a result of participating in this study.

-or-

There are some risks and/or discomforts your child may experience as result from his/her participation in this study. These risks and/or discomforts include [*Describe any risks or discomforts that are reasonably foreseeable and are a result of study procedures. This includes risks that result in physical, psychological, legal, social or economic harm. Breach of privacy and confidentiality should be considered a risk. Note: This section also includes discomforts. For example, boredom or traveling inconveniences and costs.*

*Limit the risks to those that result from the research procedures and not risks children may encounter regardless of their participation. Describe measures you have taken to minimize these risks and/or discomforts.*

*If a possibility exists that there are risks which are unforeseeable, you must state so. For example, there may be uncommon or unknown risks that are associated with the study. If your son/daughter experience any risks not described in this form, you should report these to the researchers.*

**BENEFITS:**

Your child may benefit from participating in this study. These benefits include [*Describe any expected benefits that the parent can expect their child to experience. Please be mindful not to overstate these benefits*]

-or-

Your child is not promised or guaranteed to benefit from taking part in this research study. It is possible that others may benefit from this study by [*Describe who in the general population may benefit and how. For example, educating faculty and staff at other colleges and universities on these new exercise programs may help the fight against childhood obesity.*]

-or-

Your child will not benefit from taking part in this study.

**ALTERNATIVES:**

The alternative is to not allow your child to participate in this study. [*There are many studies that do not have alternative procedures. Some examples of an alternative procedure is that the child complete the standardized survey for diagnosing Autism or standard therapy for dealing with depression as supposed to the experimental used in your study. An alternative is a procedure that is already part of the standard of care for psychologists, sociologists or medical professionals and apply to the condition being studied in the research.*]

**PRIVACY AND CONFIDENTIALITY:**

Your child’s privacy will be protected by [*Describe in detail how the child’s privacy will be protected. For example, all interviews will be conducted in a private room with only the researchers and parent present.*

The confidentiality of the information collected will be maintained by [*Describe in detail how the child’s and in certain circumstances, the parent’s confidentiality will be protected. Describe the extent to which the confidentiality of the records identifying the child and parents will be maintain and the limits of such confidentiality. Specifically,*

* *Where and how will the records be kept?*
* *Who will have access to the records?*
* *In cases the identifying information is replaced by a code, how the link between the code and private information will be maintained, by whom and for how long?*
* *If you are conducting online research, describe whether IP addresses or e-mails will be recorded and the extend of online data security e.g. your child’s data is collected via a secured encrypted network, the IP address tracking system has been disabled or the online survey provider may keep your son’s/daughter’s email address for their records but will not disclose to any third party.*
	+ *You may include a link to the provider’s privacy policy.*
* *If you are using a Certificate of Confidentiality, describe the limits of the certificate’s protection.*
* *Describe what, if any, information obtained from the child will be disclosed to the parent and under what circumstances.*
* *If you will use video or audio recordings, describe what will be done with the tapes or audio/video electronic files, include plans for storage and what will be done after transcription. For example, the audio recordings will be transcribed and immediately deleted; the video files will be downloaded to a password protected computer and deleted from the video camera.*
* *If you are conducting focus groups or group interviews, describe measures taken, if any, to protect other’s disclosure of private information. For example, your son/daughter will be asked to refrain from using his/hers real name or the real names of others in talking about their experience. This measure is taken to minimize the inadvertent disclosure of private information by other children/teens in the group.*
* *If you are a mandated reporter per MA state law, describe the limits of confidentiality as mandated by the statute. If you are unsure whether you are a mandated reporter, please visit* [*http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter119/Section51a*](http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter119/Section51a)
* *If you are obtaining school records, please describe procedures for ensuring FERPA is followed. (see* [*http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html*](http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html)*)*

**COMPENSATION:**

To compensate your child for his/her time, he/she will be given [*Describe any monetary or other compensation provided to each child. Include such details as whether the compensation is pro-rated in the even a child withdraws from the study before completion and how and when compensation will be distributed. If additional private information is needed to distribute compensation, you must describe what information will be collected and how it will be protected]*

*-or-*

Your son/daughter will not receive compensation for participating in this research study.

**RIGHT TO WITHDRAW:**

Your child has the right to refuse to participate or can withdraw from the research study at anytime. Even if you give permission for your son/daughter to participate, it will ultimately be up to him/her to decide whether or not they would like to participate. Your child’s withdrawal from the study will not result in any penalties or loss of benefits to which he/she is otherwise entitled. If the researchers feel it is in the best interest of your child, they may withdraw your son/daughter from the study.

[*FOR RESEARCH IN SCHOOLS OR UNIVERSITIES:* Your son’s or daughter’s withdrawal from the study will in no way adversely affect his/her grades or standing at ENTER NAME OF SCHOOL].

**CONTACT INFORMATION:**

If you have any questions about your child’s participation in this study including the purpose, study procedures or risks and benefits you may contact [*Include principal investigator’s phone, email and mailing address. Where applicable, you may include the research assistant’s or co-investigator’s contact information as well.*]

If you have questions about your child’s rights as a research subject, you may contact Suffolk University’s Institutional Review Board at (617) 725-4169 or irb@suffolk.edu.

**PARENTAL PERMISSION:**

I have read the information in this parental permission form including the risks and benefits associated with the study. All of my questions about my child’s participation have been answered to my satisfaction and I have had the opportunity to consider whether or not to allow my son/daughter to participate. I understand I am entitled to receive a copy of this document for my own records.

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Parent’s Signature Date

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Printed Name of Parent

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Signature of Person Obtaining Consent Date

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

Printed Name of Person Obtaining Consent

IRB STAMP

OF

APPROVAL HERE