**Template for Parent Consent**

**Instructions to PI:** Make sure to:

a) complete the prompts in red

b) delete the instructions in red and any prompts in black that you did not use from the form you submit

for review

c) read the *Guidelines for Informed Consent* for additional instructions*.*

Consent forms should be written at the reading level of the target population. Often that is the eighth grade reading level. Make a judgement about the reading level of the target population and adjust the language as necessary. Microsoft Word can provide the reading level using the Flesch-Kincaid. This template includes language in black that is at the eighth grade reading level.

The University of Arkansas at Little Rock is used without abbreviation in this form. If you think the participants are familiar with the institution you can use the commonly used abbreviation. It is best to be consistent.

**Title of Study**

**Introduction**

We invite your child to participate in a research study. This study is being conducted by [*Name of PI,* *all Co-PIs*, *Department at The University of Arkansas at Little Rock, if PI is a student include: the faculty advisor’s Name, xxx Department at The University of Arkansas at Little Rock]*. The purpose of this research is to (*describe the study in terms a parent or guardian can understand*). The information below will help you decide if you want your child to participate in the study.

*\*\*See the Guidelines for Informed Consent if your consent form is over 4 pages. Only in unusual circumstances should the consent form exceed 1-2 pages.*

**What is involved in the study?**

Your child’s participation is completely voluntary. If you agree to allow your child to be in this study your child will be asked to \_\_\_\_\_\_\_\_\_\_*Provide a detailed description of what the child will be asked to do in chronological order, (what, when, where, how). Give time estimates for each task as well as the total time involved.*

If you agree to let your child participate, the researchers will also collect [*discuss any data about the participant that you will gather* ***that you are not receiving directly from a participant****, as well as the source (e.g., “collect information about your child’s ACT scores, school GPA, achievement test scores from your child’s school, ect.”*)]. We think that # children will participate in this research study.

*If your procedures are experimental, you must identify exactly which procedures are experimental and/or the probability of being placed in a control group. If you do not want to reveal all of those details to your participants, be sure that you apply for an alteration of the requirements for informed consent, which allows you to reveal those details later if all of the appropriate criteria are met.*

**Alternative Procedures**

*If your procedures are experimental or if they require you to interface with participants and non-participants in the same setting, include this header. If not, you may delete the entire Alternative Procedures subsection.*

Rather than participate in this research, your child might prefer alternatives such as [*list any appropriate alternatives here*].

**Risks**

*Include one of these sentences.*

*Option 1:*

The risks to your child in this research are similar to those your child experiences in everyday activities. OR

*Option 2:*

This study is greater than minimal risk. This means that the risks are [*slightly/significantly*] higher than those your child experiences in everyday activities.

Possible risks or discomforts include ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_.

*List any foreseeable physical and non-physical risks of participating in the study. Non-physical risks may include social, psychological, or economic harm; risks of criminal or civil liability; or damage to financial standing, employability, or reputation. The risks should match what is in the protocol. Note that loss of confidentiality is nearly always a risk in research studies. Include what will be done to minimize the risks.*

In order to lower these risks and discomforts, the researchers will [*list what the research team is doing to* *minimize those risks, and ensure it is consistent with the information in your protocol*]. *If the nature of the research is experimental and you believe it carries unforeseeable risks, add this phrase:* This research may involve risks that are not yet known.

*If your protocol is greater than minimal risk, you must explicitly state whether compensation and/or medical treatment is available if there is an injury and where to go or who to contact for compensation/treatment. Please include the following statement:*

If your child is injured in any way, *[compensation/medical treatment] [is/is not]* available. Please contact *[person/resource]* immediately so that further information can be provided.

**Benefits**

*Include one of the sentences below and the accompanying information.*

*Option 1:*

Your child will not get a direct benefit from this study. We may learn more about *[insert purpose or topic]*.

**OR**

*Option 2:*

Your child may or may not directly benefit from this study but it has been designed to learn more about *[insert purpose or topic]*.

**OR**

*Option 3:*

Participation in this study may directly benefit your child by [*list benefits, e.g. “exposing your child to a math intervention that has helped others”].*

*It is incredibly common not to have direct benefits to participants, so do not go out of your way to overstate direct benefits.*

*A study should have direct or indirect benefits or both. Before the research is completed actual benefits are unknown so benefits should be stated using terms such as may or might. Compensation is NOT a benefit. Address compensation in the separate section below.*

**Protection of your Child’s Information**

We will try to keep information about your child in this study private.

Your child’s identity will not be revealed in any publications, presentations, or reports resulting from this research study. *In focus group/ethnographic/oral history research projects the following sentence may need to be included:* However, it may be possible for someone to recognize your child’s particular *[story/situation/response]*. *If you are doing research in a group setting, add this statement:* We will ask all group members not to repeat the information they hear in the group. We cannot promise everyone will do so.

We will collect your child’s information through *[video recordings, audio recordings, interviews, Qualtrics, email… whatever mechanism(s) you are using to collect it, including indirect ones like seeking the information from a third party]*. *If you will collect or store data online include the following statement,* Online activities always carry a risk of someone taking the data, but we will use systems and processes that help prevent this. Your child’s [*information or data]* will be securely stored \_\_\_\_\_\_

*Describe confidentiality and security protections here. Explain how you are protecting the participant’s information. Give details as appropriate: for example, are data files in locked cabinets, are the data stored electronically, how is the data kept secure (e.g., is a password required for getting onto the system, is the data encrypted), who has access to the data, etc.? If the PI is a student be sure to include the name of the supervising faculty member and any others who will see the raw data. Be sure to indicate that the data will also remain in the possession of the faculty member. List all individuals and agencies that will have access to the data and records.*

*Cover how data will be described if published or shared with others. Will you be using direct quotes, which could be traced back to the individual? Will you be aggregating the data? If you plan to separate the identifiers from the data and destroy them state when that will occur. If your data is necessarily identifying (e.g., videos, extensive demographic data, etc.) state the time frame for destruction of that data and what, if anything, will be kept.*

*Children have the right to give their own informed consent once they reach the age of adulthood; if you are working with children who will reach the age of majority during your study, have a plan for obtaining informed consent from them at that time.*

The data will be kept for a minimum of 3 years after the study is complete, and then it will be destroyed. *Three is the minimum, but data may be kept longer. State the length of time data will be kept.*

***For sensitive research data with identifiers stored in the cloud, on servers, or transmitted via the internet, consider including one of the following statements:***

***Option 1:***

**Data may exist on backups and server logs beyond the time frame of this research project.**

***OR***

***Option 2:***

**Your child’s** privacy will be protected as much as possible. It is possible that someone else may see information sent over the internet.

***When the research involves e-mail communication, include the following statement:***

Please note that email communication may not be private. [*I am/we are*] taking precautions to protect you and your child’s privacy. You should be aware that information sent through e-mail could be read by someone else.

It is unlikely, but possible, that others *[The University of Arkansas at Little Rock, funding sponsor, or state or federal official*] may require us to share the information you give us from the study. They might want to make sure that the research was conducted safely and appropriately. We will only share your information if law or policy requires us to do so.

*If the research could uncover child abuse or neglect, the following language is required:*

Under certain situations, we may break confidentiality. If during the study we learn about child abuse or neglect, we will report this information to the appropriate authorities.

**Future Use of Your Child’s Information**

*Include one of these statements*:

*Option 1:*

We will share your child’s data with other researchers for future research studies that may be similar to this study or may be very different. The data shared with other researchers may include information that can directly identify your child. Researchers will not contact you or your child for additional permission to use this information.

*Option 2:*  
We will share your child’s data or samples with other researchers for future research studies that may be similar to this study or may be very different. The data shared with other researchers will not include information that can directly identify your child.

*Option 3:*  
The data that we will collect about your child will not be shared with any other researchers.

*Note to PIs: Any future research using data collected in this study requires IRB approval.*

**Audio/Video Recording**

***If audio and/or video recordings will be made, explain why these are needed and what will be done with them upon completion of the research (kept indefinitely, archived after transcription, destroyed after xxx years, etc.).***

**Compensation**

For your child’s participation in this research study, *[they/you]* will receive [*amount and type of compensation. This must be concrete before your submission*]. *State what happens to compensation if participation is incomplete, either due to their withdrawal or your termination of their participation., including whether compensation can occur in increments. The incentive must be prorated in the case of partial completion of the study. If the study involves compensation through lottery, be sure to identify the odds of winning.*

**Your Child’s Participation in this Study is Voluntary**

Your child’s participation in this research is completely voluntary. The decision to participate will not affect your or your child’s relationship with The University of Arkansas at Little Rock *[add as appropriate: your child’s school, your child’s teacher or healthcare provider, etc.]*. You and your child will not lose any benefits or rights you already have if you decide not to participate. If you decide to allow your child to be part of this study now, you may change your mind and stop at any time. Your child does not have to answer any questions they do not want to answer.

If you agree to have your child participate now and change your mind later, you may stop your child from participating any time by *[Provide instructions on how a participant should withdraw once they have initiated research participation.]*. If you or your child choose to stop after we have already collected information about them, [*state what you will do with that information, or the extent to which withdrawal is possible (e.g., In some cases researchers are unable to determine whose data is whose*)*]*.

**IRB Approval and Contacts for questions or problems**

This study has been reviewed and approved by The University of Arkansas at Little Rock's Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies.  If you have questions or concerns regarding this study, please contact the Principal Investigator or Co-PIs [*provide university email and university phone number if available*] or Advisor [*If there is an advisor provide university email and phone number if available*]. If you have any questions regarding your rights as a research participant, please contact the Office of Research Compliance at 501-916-6209 or irb@ualr.edu.

*The IRB recommends that researchers* ***not*** *include home addresses, personal emails, personal social media pages or private cell phone numbers.*

**Permission to Participate**

By signing below, you agree to allow your child to participate in this study. You indicate that you understand the risks and benefits of your child’s participation. You know what your child will be asked to do. You also agree that you have asked any questions you might have. You are clear on how to stop your child’s participation in the study if you or your child would like. Please keep a copy of this form for your records**.** Explain here how parents may obtain a copy if they are completing the consent form online.

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Parent/Legal Guardian’s SignatureParent/Legal Guardian’s Name, Printed

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Name, Printed

*If appropriate*

* I do **not** agree to allow my child’s de-identified information to be used or shared for future research. *You may delete this if, above, you decided that you would not de-identify and store data for potential future research use.*

Please be sure that if you need to collect additional information in order to recontact with new findings or study results, for future research purposes, or because the child may reach the age of majority during your study, you indicate that here. You may need to add additional checkboxes depending on the type of procedures being used in the study. (e.g. allowing participants to consent or not consent to video recordings while still participating in the study).

If you are collecting consent online through Qualtrics or some other online mechanism, develop the language that you will use in the radio button participants select in order to give their consent. Be sure that you also indicate that there will be text boxes for you to collect the information you require. You must have at least the name and date of the participant for online consent collection; Qualtrics now allows for the collection of an actual signature, and we highly recommend using that function. You MUST provide the participants with a written copy of the informed consent document unless you have requested a waiver or alteration of the requirement to obtain documentation of informed consent.