**RESEARCH STUDY TITLE**: *(Enter title as it appears on the IRB application)*

**RESEARCHER NAME(S)**

This study is being conducted by…

You must list the name of the Principal Investigator, Co-PI’s, Faculty Advisor (if applicable), University affiliation, and department. If this study is being conducted collaboratively with another institution, you must also state that here.

**INVITATION TO PARTICIPATE**

Your child is being asked to participate in a research study. The following information is provided to help you and your child make an informed decision about whether or not to participate. This is completely voluntary. Please read this form and ask any questions you have before agreeing to allow your child to be in the study.

You may choose not to allow your child to take part in the study or may choose for your child to leave the study at any time. Deciding not to allow your child participate, or later deciding to remove your child from the study, will not result in any penalty or loss of benefits to which you and/or your child are entitled and will not affect your or your child’s relationship with Insert appropriate entity (e.g., university, hospital, school),

[If declining to participate affects a child’s care or participation in school or other activities, please explain here. For example, if the research involves classroom instruction, explain if other activities are available which would allow a child to remain in the classroom but not participate in the research].

**PURPOSE OF STUDY**

The purpose of this study is to …

State clearly and accurately what the study is designed to discover or establish. Your child was selected as a possible participant because… Insert explanation regarding how the subject was identified. This study is funded by… Insert sponsor or funding agency name, if any.

**EXPLANATION OF PROCEDURES**

If you agree to allow your child to be in the study, your child will be asked to do the following things:

[Insert explanation of all activities/tests that are included in the study (e.g., assignment to study groups, study visits, surveys and questionnaires, focus groups, audio or video recordings, etc.). Include the following:

* Where the activities are performed and how frequently they are performed
* State if audio or video recordings will be used
* If interviews are conducted, explain if they are in person, in groups or over Zoom
* The expected amount of time each activity and/or visit will last
* The length or duration of subject participation
* Which activities are experimental and which would be done even if the subject does not participate in the research
* Explain what will happen to the data/information at the end of the study.
* If the study involves a survey or questionnaire, include a statement that the participant is free to skip any question they prefer not to answer
* If the study is associated with an existing curriculum or program, clearly identify which are the normal educational or program activities and which are being done specifically for research purposes.]

**DISCOMFORTS, RISKS AND COST**

While participating in the study, the potential risks are minimal and similar to those experienced in everyday life.

[Describe any physical, psychological, social, legal, and/or economic risk(s) or cost(s) resulting from the project. If injuries may arise, note who will be responsible for any medical costs. Only discuss those risks that may arise from research activities, or from sharing one’s data generated from associated program activities (e.g., confidentiality risks). Also, discuss how you will mitigate or reduce these risks. If there are no more than minimal risks--discomfort, time, or inconvenience--this must be stated].

**POTENTIAL BENEFITS**

Researchers conduct studies to answer questions and learn new information. Some research might help change or improve the way we do things in the future. Your child [may not / will not] benefit from being in this study but we hope to learn things that will help researchers in the future.

[Describe any direct benefit(s) that may result from the study. If there are no direct benefits, state that there are no direct benefits. Compensation is not a benefit and is addressed in the section below.]

**PRIVACY AND CONFIDENTIALITY**

Information obtained during this study which could identify your child will be kept confidential. The summarized findings with no identifying information may be published or presented at a scholarly conference. Efforts will be made to keep your child’s personal information confidential. We cannot guarantee absolute confidentiality. Your child’s personal information may be disclosed if required by law.

**If the study is online**, state: No guarantees can be made regarding the interception of data transmitted electronically.

 **If participants’ performance may be observed** by others during the course of the study, this must be noted as well.

**If identifiable information from student education records will be disclosed to the study team**, insert the following language: The study will involve accessing information from your student records which is protected by a law called FERPA. Your child’s education records must be kept secure by their school, and can only be disclosed to researchers with your permission. The records we need to access for this study include the following: [Insert description of student education records to be disclosed to the study team].

**If it is reasonably foreseeable that the study will have access to or collection of information that may legally require reporting to other officials,**insert the following language***:*** Laws require that we report information about known or reasonably suspected incidents of abuse or neglect of a child. If any investigator has or is given such information, he or she may be required to report it to the appropriate authorities.

**If audio or video recordings will be made**, include an explanation regarding who will have access to the recordings, if the recordings will be used for educational purposes, and when the recordings will be destroyed.

**If participants will be recorded on photograph, video or audio and the participant can decline that recording**, insert the following: We are recording [photograph/audio/video] of your child as a part of the study. Please initial below to let us know whether you agree to allow us to record your child:

\_\_\_\_\_\_ Yes, I agree to having my child’s photograph/audio/video used in the study.

\_\_\_\_\_\_ No, I do not agree to having my child’s photograph/audio/video used in the study.

**WILL MY CHILD’S INFORMATION BE USED FOR RESEARCH IN THE FUTURE?**  (insert if applicable)

Information collected from your child for this study may be used for future research studies or shared with other researchers for future studies. If this happens, information which could identify your child will be removed before any information is shared. Since identifying information will be removed, we will not ask for your additional permission.

**COMPENSATION**

There is / is not compensation for participating in this study.

If there is compensation, include details and any conditions of payment, including if partial payment is applicable. For example: you will receive $ X for participating in each study component. Describe how voluntary or involuntary withdrawal or termination affects compensation. If compensation for time is provided, then a portion of the compensation must be provided (pro-rated) even if the person terminates their involvement prior to completing the study. See IRB and OBO policies for reporting compensations when studies involve UNI participants.

**RIGHT TO REFUSE OR WITHDRAW**

Your permission and your child’s decision to participate is completely voluntary. Your child is free to withdraw from participation at any time or choose not to participate at all. By doing so, your child will not be penalized or lose benefits to which they are otherwise entitled **OR** You and your child’s decision to allow use of your child’s data is voluntary.”

**WHO TO CALL WITH QUESTIONS OR PROBLEMS**

If you have questions regarding participation in this study or about the study in general, please contact (Principal Investigator Email and Phone Number) or (Faculty Advisor Email and Phone Number) at the (Enter Department), University of Northern Iowa.

If you have questions about the rights of research participants and the research review process at UNI, you may contact the IRB Administrator at the Office of Research and Sponsored Programs at 319-273-6148 or rsp@uni.edu.

**PARENTAL PERMISSION**

I am fully aware of the nature and extent of my child’s participation in this project as stated above and the possible risks arising from participation. I agree to allow my child to take part in this study. I acknowledge that I have received a copy of this consent statement. I am 18 years of age or older.

**Child’s Printed Name:**

**Printed Name of Parent:**

**Signature of Parent**: **Date**:

**Printed Name of Person Obtaining Consent:**

**Signature of Person Obtaining Consent**: **Date**:

[***If two (2) parents are required to provide consent for their child’s participation***, include the following:]

**Printed Name of Parent:**

**Signature of Parent**: **Date**:

1. *Provide a copy of the consent form to the participant and keep one for your records.*
2. *Signed forms must be securely maintained for at least 5 years after the end of study activities.*
3. *It is the responsibility of the PI and Advisor (if applicable) to adhere to all data storage requirements.*
4. *Prepare a Child Assent form to accompany the Parental Permission form*