**UNIVERSITY OF NORTHERN IOWA**

Parental / Guardian Permission for Research

**(This form should be used for Graduate Students who are conducting**

**Action research in Pre-K Classrooms)**

**RESEARCH STUDY TITLE:** Enter name of study as it appears on your IRB application

**RESEARCHER NAME**

This research study is being conducted by Enter Name, Graduate student with the University of Northern Iowa. The Advisor is Enter Name, Professor of Elementary Education at University of Northern Iowa.

**INVITATION TO PARTICIPATE**

Your child is being asked to participate in a research study that I am conducting, in conjunction with my normal teaching activities. Your child has been invited because they are currently a student in my ENTER NAME OF CLASS, where I currently serve as their classroom teacher. Participation in this research is completely voluntary. Please read this form for more information about the research study. Ask any questions you have before agreeing to allow your child to be in the study.

**PURPOSE OF STUDY**

The purpose of this study is to (explain study purpose in a concise way with no jargon).

**EXPLANATION OF PROCEDURES**

All children will participate in normal classroom activities. The activities that all students will participate in include:

* Activity 1 (for example, listening to story and writing a reflective paper)
* Activity 2 (for example, journaling about an assignment)
* Activity 3 (for example, complete a pre and posttest)

If you agree to have your child participate in this study, I will be gathering data from the normal educational activities to use in my research. This includes (identify what is being collected as research here such as use of test scores, journal entries, grades, drawings artifacts). I will remove all identifiable information from their responses.

**DISCOMFORTS, RISKS AND COST**

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

**POTENTIAL BENEFITS**

Researchers conduct studies to answer questions and to learn new information. While there are no direct benefits to your child for participating in this study, I am hopeful that I will gain knowledge about my teaching practices that could benefit others in the future.

**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.

The study will also involve accessing information using your student’s records which are protected by a law called FERPA. Your child’s education records will be kept secure by the school and only may be disclosed to researchers with your permission. The record(s) I will access for this study include the following: list them here if applicable.

**COMPENSATION**

There is on compensation for participating in this study.

**RIGHT TO REFUSE OR WITHDRAW FROM STUDY**

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.

**WHO TO CALL WITH QUESTIONS OR PROBLEMS**

If you have questions regarding participation in this study or about the study in general, contact ENTER UNI INVESTIGATOR NAME WITH UNI CONTACT INFORMATION or ENTER UNI FACULTY ADVISOR NAME AND CONTACT.

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 / GUARDIAN PERMISSION**

**I am aware of the nature and extent of my child’s participation in this project as stated above and the possible risks from arising from participation. I agree to allow my child to take part in this study. I am 18 years of age or order.**

**Child’s Printed Name:**

**Printed Name of Parent or Guardian:**

**Signature of Parent: Date:**

**STUDENT ASSENT**

**Investigators may upload a combined student assent statement within the permission form that can be signed by the student – or may choose to distribute assent separately. For example:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been told that my mom, dad, or the person who takes care of me has said that it is okay for me to take part in this activity. I am doing this because I want to. I have been told that I can stop my part in the activity at any time. If I ask to stop or decide that I don’t want to do this, nothing bad will happen to me.

Name Date: