



Consent Form Template

PARENTAL/GUARDIAN CONSENT FORM TITLE OF STUDY

You are being asked to allow your child to participate in a research study titled (put project title here). This form provides you with information about this study and the researcher(s) (put the principal investigator and the faculty sponsor's names here) can be reached at (put telephone number or email address here) to answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to take part.

In the following section, please describe:

- *what you will ask the student to do (purpose and procedures), and how much time will be involved in participation,*
- *all data you will collect from student records, such as test scores, attendance data, etc. and what you will do with it,*
- *how the identity of participants will be protected and who will have access to the data,*
- *any risks or inconveniences that participants might incur. If there are none, please state so. If there are risks, say what they are and what precautions you will take to protect the participants.*

Your participation is entirely voluntary and you can refuse to participate without any penalty or loss of benefits to your child. If you decide to let your child participate, you are free to withdraw your participation at any time during the study without any adverse consequences from (put researcher's institution here) or your child's school or teacher. If your child participates, you can get information about the project by contacting (provide the name of the project investigator and contact information here.) A copy of this signed agreement will remain in your child's permanent school folder.

Name of Child _____ Grade _____

School _____ Teacher's Name _____

Signature _____

Parent/Guardian Printed Name Date

Signature _____

Principal Investigator/Researcher Printed Name Date

Signature _____

Faculty Sponsor (if any) Printed Name Date