

Parental Consent Document for Humanities or Social/Behavioral Science Research

Background:

Please note the study involves research and state the purpose of the research. Briefly tell the participant the background of the research problem — why this research is being done — and how this study will address the problem. Please explain who is conducting the study.

Example: Your child is being invited to take part in a research study. Before you decide whether to allow your child to participate it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you will allow your child to take part in this study.

*If you conduct research that involves deception or is designed in such a way that providing complete background information will invalidate the study, clearly state this in your IRB proposal and provide justification. In addition, provide the debriefing script that will be used to inform participants of the need for deception along with procedures you will follow to address any possible adverse effects of the deception.

Study Procedure/Intervention/Method:

Please include a description of the study procedure/intervention/method that will be followed. Please note how much time it will take for the participant to complete the study. This section should help the participant understand exactly what is involved and what she will experience in the study. Please tell the participant what to expect, and describe all procedures/interventions/methods in lay language. Use simple terms and short sentences.

Example: It will take you approximately 15 minutes for your child to complete this study. As part of this study your child will be asked to complete a short questionnaire and answer some questions about her experience.

Risks:

Please include a description of any reasonably foreseeable risks or discomforts such as emotional distress/discomfort, psychological trauma from remembering past experiences, invasion of privacy, embarrassment, loss of social status, potential adverse economic or employment consequences, etc. If the risks are minimal, describe what these minimal risks are.

Example: The risks of this study are minimal. Your child may feel upset thinking about or talking about personal information related to [X]. These risks are similar to those your child may experience when discussing personal information with others. If your child feels upset from this experience, you or your child can tell the researcher, and she will tell you about resources available to help.

Benefits:

Please include a description of any benefits to the child or to others that may reasonably be expected from the research. This description should be clear and not over-stated. If no direct benefit is anticipated, that should be stated. It is important not to exaggerate the possible benefits to the participant during the course of the study.

Please DO NOT include any language about compensation or the amount of money a participant will receive in this section. Please refer to the Costs and Compensation section.

Example 1: We cannot promise any direct benefit for taking part in this study. However, possible benefits include [X].

Example 2: There are no direct benefits for taking part in this study. However, we hope the information we get from this study may help develop a greater understanding of [X] in the future.

Alternative Procedure/Intervention/Method:

Please include appropriate alternative procedures/interventions/methods — if any — that might be advantageous to the participant and her attendant risks and benefits. Please inform participants of the full range of options available to them.

Example 1: If you do not want to take part in the study, you may earn research participation credit by...

Example 2: You do not have to take part in this study.

Confidentiality:

Please include a statement describing procedures used to maintain confidentiality for study participants. This should include information about storage of the records and data pertaining to the participant and how privacy will be protected. Please note who may have access to the data. In some cases this section must include a statement about mandatory reporting of confidential information such as when the researcher is legally obligated to reveal instances of child abuse, elder abuse, abuse of the disabled, or suicide risk.

Please inform participants if you collect social security numbers. If you collect social security numbers but they are not required to participate, please make it clear participants can withhold the social security number and still take part in the research.

Example: Your data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These include, but may not be limited to, incidents of abuse and suicide risk. All other information will be kept confidential by [X]. Data and records will be stored in a locked filing cabinet or on a password protected

computer located in the researcher's work space. Only the researcher and members of her study team will have access to this information.

Person to Contact:

Please include contact information for answers to any questions the participant or legal representative may have about the research or related matters. This must include the name of the Principal Investigator with a telephone number where a message can be left. Co-investigator contact information may be included.

Example 1: If you have questions or need more information about this study, you can contact the researcher (add name) by dialing (801) xxx-xxxx.

Institutional Review Board:

The following statement must be included verbatim:

If you have questions regarding your child's rights as a research subject, or if problems arise which you do not feel you can discuss with the Investigator, please contact the Institutional Review Board Office at (801) 581-3655.

Voluntary Participation:

Please include a statement that participation is voluntary, and refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled. Please make it clear the individual may discontinue participation at any time.

Example: It is up to you to decide whether or not to allow your child to take part in this study. If you decide your child may take part, you will be asked to sign a parental permission consent form. You are still free to withdraw your child at any time. This will not affect your relationship with the investigator.

Costs and Compensation for Participants:

Please include any costs and compensation to participate in the research. If there are no costs and/or compensation, please state that.

Consent:

I confirm that I have read and understand this consent document and have had the opportunity to ask questions. I understand that my child's participation is voluntary and that I am free to withdraw my child at any time, without giving any reason, and without my rights being affected. I will be given a signed copy of the consent form to keep.

Child's Name

Parent/Guardian's Name

Parent/Guardian's Signature

Date

Relationship to Child

Name of Researcher or Staff

Signature of Researcher or Staff

Date