**TEMPLATE PARENT PERMISSION FORM – SOCIAL-BEHAVIORAL**

**(For School-Based Research)**

 BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

 SANTA BARBARA • SANTA CRUZ

 UNIVERSITY OF CALIFORNIA AT BERKELEY

**PARENT PERMISSION FOR CHILD TO PARTICIPATE IN A RESEARCH STUDY**

***Title of Study***

*[If applicable, designate sub-group after study title, e.g., "Parents"]*

**Key Information\***

* Your child, with your permission, is being invited to participate in a research study. Participation in research is completely voluntary.
* The purpose of the study is to [*one sentence explanation of why*].
* The study will take a total of [*total time commitment*] and your child will be asked to [*one sentence explanation of study procedures*].
* Risks and/or discomforts may include [*list possible risks and/or discomforts*].
* There is no direct benefit to you or your child [or l*ist possible direct benefits*]. The results from the study may [*one sentence explanation of societal benefits of study*].
* [*If applicable, list appropriate alternative procedures or courses of treatment*].

*\*Key information is required for consent forms over two pages in length, where a page is one side of a standard 8.5x11 inch document.*

**Introduction**

My name is \_\_\_\_\_\_\_\_\_\_. I am a *[student/ professor]* in the Department [*or* School] of \_\_\_\_\_\_\_\_\_\_ at the University of California, Berkeley. I am doing a research study [*or if student:*  I am working with my faculty advisor, Professor\_\_\_\_\_\_\_\_\_\_, on a research study*]*. We invite your child, with your permission, to participate (be a "subject") in this study.

Before you and your child decide whether he/she will be part of this study, it’s important for all of you to understand why we’re doing the research and what’s involved. Please read this form carefully. (Your child will receive his/her own assent form.) We encourage you to discuss the study with your child. If you or your child has questions about the research, feel free to ask us.

**Purpose**

[*Give brief explanation of why study is being done, using one or two sentences written in clear language understandable to the target population. Include reason why the child is being invited to participate. Note that study is not part of school work, e.g.:*]

We are doing this study to *find out more about how materials using animation on the computer can help middle and high-school aged students learn math.* We are inviting your child to participate because *he/she is in this age range* *and the school has agreed that we can conduct the research here.* This study is not part of your child’s school work and it will not be graded.

*[Optional:* About \_\_\_ *(state total number of subjects planned)* children *at \_\_\_ different schools* *in the Bay Area* will take part in this study*.]*

**Procedures**

*List all study procedures/activities in chronological order, using bulleted format. Indicate location where procedures will take place (e.g., in classroom or other setting), and amount of time for each procedure. Also note* total *amount of time required for study participation. See examples below.]*

If your child decides to participate and you give permission, we will ask him/her to:

* Answer a questionnaire

*Your child will be asked to complete a questionnaire on the computer about math and the way that he/she studies for math classes]*. This part will take about *\_\_\_ [minutes/hours]*.

*Your child can take a short break before the next part if he/she wants to.*

* Play a computer game

*We’ll load a computer game for your child to play. The game has some math problems to think about and answer.* This part will take about *\_\_\_ [minutes/hours]*.

* Be interviewed (***Possible***)

*A random sample of the students who agree to be in the study will be selected using a computer program.* *We will ask these students to also participate in an interview with me or one of our researchers.*

*If your child is randomly selected and wants to be interviewed, and you agree, one of the researchers will meet with him/her. This will be at a place that you decide is convenient (for example, in a private room at school or at your home after school).*

*We will ask your child questions about the way he/she studies and learns, and take notes on our discussion.* With your and your child's permission, we will also audiotape the interview. The taping is to accurately record the information he/she provides. If your child chooses not to be audiotaped, we will only take notes. If he/she agrees to being audiotaped but feels uncomfortable at any time during the interview, we can turn off the tape recorder, or stop the interview at his/her request at any time.

The interview will take about *\_\_\_ [minutes/hours]*.

* Let us videotape in his/her math class

If you and your child agree, we will videotape during your child's regular math class once or twice a week for 3 weeks. We won't interrupt the class.

Total time**:** The questionnaire and computer game will take about \_\_\_ *[minutes*/*hours]* of your child's time. If your child also has an interview, the whole study will take about \_\_\_ *[minutes*/ *hours]*. The videotaping will be done during your child's regular math class, so it won't take any extra time.

[Study location**:** *Note where study procedures will take place if not already specified above*.]

**Alternatives**

[*Include this section if research intervention occurs during regular school hours. In such cases, an alternate, supervised activity (taking the same amount of time and approximate effort) must be available for children who do not wish to participate in the study, or when parental permission is not given. The alternate activity should be worked out ahead of time with the classroom teacher. This should be conveyed in the form, e.g.:]*

If you do not give permission for your child to take part in the study, or if he/she does not wish to participate, your child’s teacher will give him/her a different activity to work on *for the parts of the study during school hours*. [*Insert brief description of alternate activity.*] It will take about the same amount of time as the research activity.

**Benefits**

*[Explain possible benefits of the study, both direct/individual (if there are no direct benefits, make this clear), and indirect/general benefits to society or scientific knowledge, e.g.:]*

There is no benefit to you or your child personally for taking part in this study. However, we hope that the results of the research will *[help improve ways of learning math on a computer for students in the future]*.

**Risks/Discomforts**

[*List possible risks/discomforts, using bulleted format. See examples below.*]

* Your child might get bored or tired and decide that he or she does not want to complete the study activities. If so, your child can just tell us that he or she wishes to stop.
* *Breach of Confidentiality*: A possible risk for any research is that confidentiality could be compromised, that is, people outside the study might get hold of confidential study information. We will do everything we can to minimize this risk.

**Confidentiality**

*[This section should follow guidance under "Confidentiality" in the* [*CPHS Template Consent Form – Social Behavioral Study*](http://cphs.berkeley.edu/CF-Template_SocBehav.docx)*. For example:]*

We will keep your child's study data as confidential as possible. If we publish or present results of this study, we will not use individual names or other personally identifiable information.

To help protect confidentiality, we will... [*Explain security measures to be taken for data, samples, recordings, etc.—such as storage, coding, encryption, limited access to study records— in appropriate language for parent population*.]

[*If data/records will be destroyed, state when; if they will be retained, explain for how long and why, e.g.:*] We plan to keep this information for \_\_\_ years, in case we or other researchers want to use it later for other studies. But we will follow the same steps we just described to keep it as confidential as possible. [*If photographs, audio or video recordings will be retained for future use, see sample* [*Media Records Release Form*](http://cphs.berkeley.edu/CF-Sample_MediaRecordsReleaseForm.docx).]

***[If the research involves the collection of identifiable private information****, one of the following is required:*

Identifiers might be removed from your child’s identifiable private information. After such removal, your child’s information could be used for future research studies or distributed to other investigators for future research studies without additional informed consent from the subject, the parent, or the legally authorized representative.

--OR--

Your child’s information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.*]*

Authorized representatives from the following organizations may review your child’s research data for purposes such as monitoring or managing the conduct of this study:

* Sponsor [*List Sponsor(s), as applicable*]
* National Institutes of Health [*remove if this is not an NIH-funded study*]
* University of California

**Compensation/Payment**

[*If no payment*:] You/Your child will not be paid for being in this study. [*Or if payment*:] You [*or, depending on the arrangement*, Your child] will receive [*e.g., amount of money, gift cards with their value*] as a thank-you for the time and effort to take part in this study. [*Briefly explain how/when compensation will be dispersed.*]

Rights

***Participation in research is completely voluntary****.* You have the right to decline to allow your child to participate or to withdraw your child at any point in this study without penalty or loss of benefits to which you are otherwise entitled. Your child has the same rights to decline to participate or withdraw from the study at any time.

**Questions**

You and your child can ask questions about this study at any time, now or later. You can talk to me, *another researcher on our team, or someone else* at any time during the study. You can contact me, *[PI and/or student investigator's name]*, at ***510-000-0000*** or ***email@xxxx.xxx***. *Or you can contact [other research team member's name] at* ***510-000-0000*** *or* ***email@xxxx.xxx***.

If you have any questions or concerns about your child's rights and treatment as a research subject, you may contact OPHS, the office of UC Berkeley's Committee for the Protection of Human Subjects, at 510-642-7461 or subjects@berkeley.edu*.*

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**PARENT PERMISSION**

If you decide that your child\* may participate in this study, ***please sign and date below***. We will give you a copy of this form to keep for future reference.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Child Participant Name (*please print*)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's Name (*please print*) Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's Signature Date

[***If both parents are required to sign, add second set of signature and date lines here.***]