**THIS IS A TEMPLATE TO OBTAIN PARENT/GUARDIAN PERMISSION FOR A CHILD/YOUTH AGE 7–17 TO PARTICIPATE IN RESEARCH. YOUTH IS A REFERENCE FOR THOSE AGE 13-17. PLEASE FEEL FREE TO REVISE THIS TEMPLATE TO BETTER FIT THE PROPOSED RESEARCH. USE A 12 POINT FONT AND GENEROUS PARAGRAPH BREAKS TO FORMAT.**

**THE TEXT IN RED IS FOR GUIDANCE. DELETE OR REPLACE RED TEXT. THE FINAL VERSION SUBMITTED WITH THE IRB APPLICATION SHOULD NOT HAVE ANY RED TEXT.**

**California State University Long Beach**

**Project Title:** [Insert Project Title]

**Investigator(s):** [Insert name of PI first, then Co-Investigator(s)]

**Project Contact:** [Insert email or phone number for PI/Project Contact]

**[If applicable otherwise delete] Faculty Advisor(s):** [Insert name(s) of Faculty Advisor(s)]

**[If applicable otherwise delete] Faculty Advisor(s) Contact:** [Insert email(s) or phone number(s)]

**California State University, Long Beach (CSULB)**

 **[ADD Department/College Name], CSULB: 1250 Bellflower Blvd., Long Beach, CA 90840**

**PARENT/GUARDIAN PERMISSION FORM – SOCIAL-BEHAVIORAL**

**Insert Title of Study**

**[The Key Information Box is optional and can be deleted]**

**Key Information**

* Your child/youth, with your permission, is being invited to participate in a research study. Participation in the research is 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/youth will be asked to [*one or two sentence explanation of study procedures*].
* Risks and/or discomforts may include [*list possible risks and/or discomforts with mitigations*].
* *[If any, list direct benefits otherwise state no direct benefits]* *[List indirect benefits of study].*

**Introduction**

Hello, my name is *[insert PI name]*. I am a *[enter applicable: student/ professor]* in the *[insert of department or school]* at CSULB. I am doing a research study [*or if student:]* I am working with my Faculty Advisor (FA), Professor *[insert FA name]*, on a research study. With your permission I would like to invite your child/youth to participate in this study.

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

**Purpose**

[*Give brief explanation of why study is being done, using sentences written in clear language understandable to the target population.*]

I am inviting your child/youth to participate because *[describe eligibility criteria for inclusion].* Whether or not your child/youth participates in the study will have no effect [on his or her grades if a school-related study or on his or her relationship with the organization engaged with the research].

*[Optional:* About \_\_\_ *(state total number of subjects planned)* children/youth 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* the total *amount of time required for study participation. [See examples below.]*

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

EXAMPLES FOR DESCRIBING PROCEDURES

* Answer a questionnaire

*Your child/youth 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]*.

* Be interviewed

*I will ask your child/youth to participate in an interview with me or one of our researchers.*

*If your child/youth agrees be interviewed either me or one of the researchers will meet with him/her. This will be at a place that is convenient for your child/youth (for example, in a private room at school or at your home after school).*

*I will ask your child/youth questions about the way he/she studies and learns. I will take notes on our discussion. With your permission and your child/youth's assent, I will also audiotape the interview. The taping is to accurately record the information he/she provides. If your child/youth chooses not to be audiotaped, I will only take notes. If he/she agrees to being audiotaped but feels uncomfortable at any time during the interview, I 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 class*

*If you and your child/youth agree, I will videotape during your child/youth's regular class once or twice a week for 3 weeks. I won't interrupt the class.*

*Total time****:*** *The questionnaire will take about \_\_\_ [minutes/hours] of your child/youth's time. If your child/youth also has an interview, the whole study will take about \_\_\_ [minutes/ hours]. The videotaping will be done during your child/youth's regular 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/youth 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 information should be conveyed in this form.]*

*If you do not give permission for your child/youth 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 should take about the same amount of time as the research activity.*

**Benefits**

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

There is no direct benefit to you or your child/youth personally for taking part in this study. However, we hope that the results of the research will *[Describe benefits to society such as improving student understanding of difficult math concepts]*.

**Risks/Discomforts**

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

* Your child/youth might get bored or tired and decide that he or she does not want to complete the study activities. If so, your child/youth can tell me that he or she wishes to stop.
* Your child/youth may feel coerced to participate. Your child/youth can choose to skip any of the [insert applicable: focus group, interview, survey] questions or study activities or withdraw from the study.
* 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. I will do everything I can to minimize this risk.

**Confidentiality**

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

To help protect confidentiality, I 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 records will be retained, explain for how long and for what purpose*] I plan to keep this information for \_\_\_ years should I need to use it later for other studies. I will follow the same steps to keep it as confidential as possible.

**Compensation/Payment**

[*If no compensation*] You/Your child/youth will not be paid for being in this study. [*Or if compensation*] Your child/youth will receive [*e.g., amount of money or gift cards or a nonmonetary compensation*] as a thank-you for the time and effort to take part in this study. [*Briefly explain conditions for compensation and how/when compensation will be dispersed; completion of the study, complete most of the study, or with a raffle at end of study, etc.*]

Rights

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

**Questions**

You and your child/youth can ask questions about this study at any time, now or later. You can talk to me, *[PI name] [If applicable,* *my faculty advisor, name]* at any time during the study. You can contact me, *[PI's name]*, at *[phone#]*or *[email]* *Or you can contact [my faculty advisor, name] at [phone****#]*** *or* *[email]*

If you have any questions or concerns about your child/youth's rights as a research participant, you may contact the CSULB Institutional Review Board (IRB) at 562-985-8147 or IRB@csulb.edu*.* An IRB is a committee that reviews research to ensure the rights and welfare of research participants are protected.

**CHOOSE ONE OF TWO OPTIONS BELOW FOR THE PARENT/GUARDIAN PERMISSION.**

**FIRST OPTION IS FOR PARENT/GUARDIAN PERMISSION ONLY. CHILD/YOUTH ASSENT IS OBTAINED SEPARATELY.**

**SECOND OPTION IS FOR PARENT/GUARDIAN PERMISSION AND CHILD/YOUTH ASSENT ON SAME DOCUMENT.**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Parent Permission Only – The Child/Youth Assent is Obtained on Separate Form after the Parent/Guardian has given Permission.**

If you decide that your child/youth may participate in this study, ***please sign and date below***. By signing this form, you are indicating that you have had your questions answered and you are giving permission for your child to participate in this research.

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

Child/Youth Participant Name (*please print*)

[If photos, audio/video recording are optional include the parent/guardian choices below.]

 I give permission for taking photos of my child for this research: Yes [ ]  No [ ]  [ ]

 I give permission for audio-recording of my child for this research: Yes [ ]  No [ ]

 I give permission for video-recording of my child for this research: Yes [ ]  No [ ]

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

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

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

Parent/Guardian's Signature Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Parental/Guardian Permission and Child/Youth Assent on Single Form**

By signing this form, you are indicating that you have had your questions answered and you are giving permission for your child/youth to participate in this research.

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

Parent/Guardian’s Name (*please print*)

|  |  |  |
| --- | --- | --- |
| Parent/Guardian's Signature |  | Date |

[If photos, audio/video recording are optional include the parent/guardian choices below.]

 I give permission for taking photos of my child for this research: Yes [ ]  No [ ]  [ ]

 I give permission for audio-recording of my child for this research: Yes [ ]  No [ ]

 I give permission for video-recording of my child for this research: Yes [ ]  No [ ]

**Child/Youth’s Assent**

[If photos, audio/video recording are optional include the Child/Youth’s choices below.]

 I agree to be photographed for this research: Yes [ ]  No [ ]  [ ]

 I agree to be audio-recorded for this research: Yes [ ]  No [ ]

 I agree to be to be video-recorded you for this research: Yes [ ]  No [ ]

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of Child/Youth |  |  |
|  |  |  |
| Signature or mark of Child/Youth (age 13 to 17 years) |  | Date |
| By signing this form, you are agreeing that your questions about the study have been answered and you agree take part in this study. |