**DEPARTMENT OF <**your department**>**

**PRINCIPAL INVESTIGATOR: <**your name>

**FACULTY SPONSOR:** <faculty sponsor name>

**TITLE OF STUDY: <Title>**

## Key Information about this research study:

## Your permission is being sought to have your child participate in this study. Please read the following information carefully before you decide whether or not to give your permission. Information that is more detailed is listed later on in this form. [The following should be provided in bullet points:]

* The purpose of this research is:
* Your child is being invited to participate because (for example, because your child meets the eligibility criteria for this study)
* Your child will be asked to do the following (for example, participate in a survey)
* We expect your child to be in this study for (duration)
* Your child’s participation in this study will have (direct) risk (include if applicable) and (direct) benefits (include if applicable)

**Additional Information about this research study:**

PROCEDURES INVOLVED IN THIS STUDY: <…>

**[**Whenever appropriate include the following items: 1)Co-investigators,2)When and where the research will be done,3) Approximate number of subjects; 4) Kinds of information that will be solicited, 5)What activities are being performed as part of standard or customary practice (i.e., if the study takesplace in the classroom describe what is the customary educational activity and what is part of the research), 6) When applicable, describe if audio or video recording will be done of any research activities. Include if agreement to be recorded is required for participation or if it is optional.]

POSSIBLE BENEFITS: [in most cases the following will be appropriate] Participating in the study is not expected to be of direct benefit to your child, but the information your child provides will help the researchers understand <……>

POSSIBLE RISKS: <…>

[List 1) the possible risks (Physical risks, Psychological risks, Privacy risks

Legal risks, Social risks, Economic risks, Group or community harms), 2) the precautions taken to minimize risks, and 3) **the resources available *should the participant need to seek help.]***

YOUR PARTICIPATION AS A RESEARCH SUBJECT: Your child’s participation in this study is voluntary and you or your child may withdraw at any time. Refusal to participate or a decision to discontinue participation will not result in any penalty or loss of benefits to which your child is entitled.

[This section may include 1) Participation may be terminated by investigator because of (reasons); and if applicable 2) Additional costs to subjects].

COMPENSATION (only if applicable): If you agree to take part in this research study, we will pay you \_\_\_\_\_\_\_\_ **[indicate amount]**for your time and effort. [Indicate if the amount is pro-rated for any part of the research.] You will be paid \_\_\_\_\_\_ [indicate how payment will occur, i.e., at the end of the session, in two week, etc.;] and you will be paid with \_\_\_\_ [what form: cash, gift card, check sent in the mail, etc.]

CONFIDENTIALITY: Efforts will be made to limit the use and disclosure of your child’s personal information, including research study records. [Describe how 1) the data will be collected; 2) how long it will be kept; 3) where the data will it be stored; 4) whether the data will be shared with anyone beyond the study team; 5) which measures taken to protect confidentiality; and 6) if the study is anonymous, say that it is anonymous (in general, if you know who participates and the data are recorded with identifiers, the study is NOT ANONYMOUS). Additional information in this section may be needed depending on the nature of the research.]

CONTACT FOR QUESTIONS: If you have any questions regarding your child’s participation, please feel free to contact the researcher, <your name and contact information> and/or (if appropriate) the faculty advisor <advisor’s name and contact information > and <s/he> or <we> will gladly inform you. If you have any questions regarding your rights as a participant you can contact the Institutional Review Board at (773) 442-4674 or at [IRB@neiu.edu](mailto:IRB@neiu.edu).

Optional Elements:

[Include for any optional elements of the research. Otherwise delete.] The following research activities are optional, meaning that you do not have to agree to them in order for your child to participate in the research study. Please indicate your willingness to have your child participate in these optional activities by placing your initials next to each activity.

|  |  |  |
| --- | --- | --- |
| I agree | I disagree |  |
| \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | The researcher may [audio and/or video] record my child to aid with data analysis. The researcher will not share these recordings with anyone outside of the immediate study team. (Specify which or both will occur. If recording is a requirement of participation, delete this element.) |
| \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | The researcher may [Specify which and/or both will occur: audio and/or video] record my child for use in scholarly presentations or publications when showing my child’s face or hearing my child’s voice might serve to help other professionals understand the research. My child may be identifiable as part of this activity, although the researcher will attempt to limit such identification. I understand the risks associated with such identification. |
| \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | The researcher may contact me in the future to see whether my child might be interested in participating in other research studies by the principal investigator of this study. |

PARTICIPANT’S CONSENT: If you would like your child to participate, please read the statement below and sign the consent form.

I have read the above information about the study and have been able to express questions and concerns, which have been satisfactorily responded to by the research investigator. I believe I understand the study.

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Signature (Participant **or** Legally Authorized Representative) Date

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PRINT NAME (Participant **or** Legally Authorized Representative) Date

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Signature (Investigator **or** Person Obtaining Consent) Date

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PRINT NAME (Investigator **or** Person Obtaining Consent) Date

THIS RESEARCH PROJECT/STUDY HAS BEEN REVIEWED BY NEIU’S REVIEW BOARD FOR THE PROTECTION OF HUMAN PARTICIPANTS.