Parental or Guardian Permission Form for Research Involving a Minor

Psychology Department

(Please note that this is a sample. Your consent form need not be formatted exactly like this one as long as it includes the necessary elements set forth in the guidelines.)

Title of Project: Read to Me: An Examination of Individual Differences in Book Reading Styles

Researcher(s): Imso Smart, Ph.D (Faculty advisor) and Joanie Student

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.

Purpose of the research: The purpose of this study is to help us determine whether differences in child-directed reading styles exist among college students of various majors.

Procedure to be followed: During testing, your child will be read various books by college students of different majors while being videotaped. The videotaping is for the sole purpose of examining the reading styles employed by the adult participants, and in no way will be used to examine or test the behavior of your child.

Discomforts/risks: The risks in this study are minimal (i.e., no greater than those ordinarily encountered in daily life or the performance of routine physical or psychological examinations or tests). There are no foreseeable discomforts or dangers to either you or your child in this study.

Incentives/benefits for participation: There are no direct benefits to your child, but your child will receive a small gift for participating. The results of this study, however, will increase our knowledge of the various reading techniques and strategies used by college students.

Time duration of participation: Participation in the study will not exceed 1 hour.

Statement of confidentiality: All records are kept confidential and will be available only to professional researchers and staff. If the results of this study are published, the data will be presented in group form and individual children will not be identified.

Voluntary participation: Your child’s participation is voluntary. If you feel your child has in any way been coerced into participation, please inform the faculty advisor. We also ask that you read this letter to your child (if age-appropriate) and inform your child that participation is voluntary. At the time of the study, your child will once again be reminded of this by the researcher.
Termination of participation: If at any point during the study you or your child wishes to terminate the session, we will do so.

Questions regarding the research should be directed to:
Dr. Imso Smart (x-XXXX)

Questions or concerns regarding participation in this research should be directed to:
Dr. Imso Smart (x-XXXX) or Joanie Student (x-XXXX)

This research has been reviewed and approved by Le Moyne College’s Institutional Review Board. If at any time before, during or after the experiment your child experiences any physical or emotional discomfort that is a result of his/her participation, or if you have any questions about the study or its outcomes, please feel free to contact us.

SIGNING THE FORM BELOW WILL ALLOW YOUR CHILD TO PARTICIPATE IN THE STUDY DURING SCHOOL HOURS WITHOUT YOUR PRESENCE. Please return by Thursday, July 29th. If you do not sign and return this form, the researchers will understand that you do not wish to allow your child to participate.

Parent Signature Box

I, the parent or guardian of _______________________________, a minor ______ years of age, permit his/her participation in a program of research named above and being conducted by Joanie Student and Dr. Imso Smart.

_________________________________  _____________
Signature of Parent or Guardian   Date

________________________________________________
Please print your name here.

Student Signature Box

I, _______________________________, agree to participate in the program of research named above and understand that my participation is voluntary.

_________________________________  _____________
Signature of Student   Date

________________________________________________
Please print your name here.
Signature of Investigator ________________________________ Date_______

Signature of Investigator ________________________________ Date_______

**Please note:** For research involving minors, child assent should be sought whenever possible. At times, this may entail creating a separate consent document for parents and children (each written in age-appropriate language) and each must be signed. At other times, parents may be required to make the decision for the child. Please be aware that participants give consent, parents give permission, and minors give assent. Your documents should contain the appropriate terms.