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|  | |  | | --- | | NEW YORK INSTITUTE OF TECHNOLOGY | | Institutional Review Board for the Protection of Human Participants  Northern Blvd, Old Westbury, NY 11568 | | 516-686-7488♦http://www.nyit.edu/ospar/institutional\_review\_board | |

# Parental Consent

**INVITATION TO PARTICIPATE**

Dear Parent [or caregiver, legal guardian],

My name is [Provide your full name] and I am [Identify your role/title at the university, e.g. “student”,

“professor”] in name your department at New York Institute of Technology. I am conducting a

research study to [provide a general statement about the study]. The purpose of this form is to provide

you with information that will help you decide if you will give consent for your child to participate in

this research.

**KEY INFORMATION ABOUT THIS RESEARCH STUDY:**

The following is a short summary of this study to help you decide whether you want your child to be a

part of this study. Information that is more detailed is listed later on in this form. [The following should

be all one paragraph:]

The purpose of this study is [insert purpose here]. Your child will be asked to [include a brief statement

of the procedures that will be done. For example: You will be asked to complete a survey and a follow up

interview]. We expect that your child will be in this research study for

[hours/days/months/weeks/years, until a certain event]. The primary risk of participation is [insert

primary risk]. The main benefit is [insert main benefit].

**STUDY PURPOSE:**

The purpose of this study is to [explain why the research is being done using language understandable to

the parent. DO NOT use citations. Keep the explanation brief]

]

**NUMBER OF PARTICIPANTS:**

If you agree to participate, your child will be one of [insert the total number of participants in the study.

It may also be appropriate to clarify the number of subjects in different cohorts, sites, or groups, if

applicable.] participants who will be participating in this research.

**PROCEDURES FOR THE STUDY:**

If you agree for your child to participate in the study, she or he will [Explain the parent the research

activities their child is expected to engage (e.g. taking a test/questionnaire/surveys, participating in

interviews, observations, etc.). Use simple language. If audio or videotaping will be used, it should be

mentioned here. Clarify where each activity will be performed, how frequently they will be performed,

and the expected amount of time each activity will last. Additionally, explain the total duration of the

study. Use bullet points if necessary. If the study involves the collection of identifiable private

information or identifiable biospecimens, state either: 1) that identifiers might be removed and the

information or biospecimens could be used for future research studies or given to another researcher to

be used without additional informed consent, or 2) that the subject’s information or biospecimens

collected as part of this study will not be used for future research studies.].

**RISKS AND INCONVENIENCES:**

There are minimal risks and inconveniences to participating in this study. These include:

[Insert the risks and/or inconveniences using bullet points, if applicable. Examples may include but not

limited to: The child may be uncomfortable answering the survey or interview questions. The time the

child spends for participating in the study might be considered inconvenience. There might be a risk of

possible loss of confidentiality—Note that this is the case during focus groups or other group settings

where the participant’s responses will be heard and/or seen by other participants in the study.]

**SAFEGUARDS:**

To minimize these risks and inconveniences, the following measures will be taken: [Explain what

measures you will take to minimize each risk and inconvenience you identified using bullet points, if

applicable. Examples may include but not limited to: The child can skip any questions that he or she

feels uncomfortable answering while taking the survey or during the interview. The child may skip any

activity as part of the research and/or intervention. The child may be directed to a counseling or social

support services. The surveys, interviews, or observations may be scheduled at a time that is convenient

to the child and at a place that is private.]

**CONFIDENTIALITY:**

Your child’s responses [or information] will be [anonymous OR confidential; “anonymous” is

applicable when unidentifiable data is collected (e.g. participants are assigned ID numbers during the

study and/or there is no master list with participants’ personal information), “confidential” is applicable

when the researcher knows, collects, or has a record of the participant’s name or other identifiable

information such as e-mail address, phone number, address, birthdate, student ID, and/or social security

but uses pseudonyms during reporting of the data, and the personal information is only accessed by the

researcher or the research team who is doing the study. If using focus groups, add the following

statement: “Due to the nature of focus groups, complete confidentiality cannot be guaranteed”.]

The results if this study may be used in reports, presentations, or publications but your child’s name will

not be used. [If applicable, use the following statement: “Results will only be shared in aggregate form”.

Additionally, the researcher must explain where the data will be stored (e.g. locked cabinets, password

protected computer), who will have access to the data (e.g. the researcher, research team etc.), and how

long the data will be retained (e.g. up to 3 years after the project is completed) and how the data will be

disposed (e.g. the paper records will be shredded, the digital files will be erased)]

**VOLUNTARY PARTICIPATION:**

Your child’s participation in this study is voluntary. Your child may decline participation at any time.

You may also withdraw your child from the study at any time; there will be no penalty [You can also

add: It will not affect your child’s grade, treatment/care, etc.] Likewise, if your child chooses not to

participate or to withdraw from the study at any time, there will be no penalty.

**BENEFITS OF TAKING PART IN THE STUDY:**

The benefits of your child participating in this study are [Describe any direct benefits to the participant.

If there are no direct benefits to the participant, use the following statement instead: Although there may

be no direct benefit to your child, the possible benefit of your child’s participation is [explain the

knowledge to be gained from this study and/or how the study will contribute to educational research.]

**PAYMENT OR INCENTIVE:**

[Include this section only if there is compensation (e.g. payment, gift cards, etc.)]

For participating in this study, your child will receive [If payment involved, explain the amount and the

conditions under which the participant will receive compensation. If instead of payment the participants

receive credit or other forms of compensation (e.g. gift card), this should be mentioned here. If

participants receive compensation for different parts of the study, the compensation schedule needs to be

mentioned here as well.]

**ALTERNATIVES TO TAKING PART IN THE STUDY:**

[Include this section only if there is an alternative activity for children who do not participate in the

study—this usually applies to survey and curriculum design studies.] If you decide not to participate in

this study, your child will have the option to: [Explain how those who decline to participate will spend

their time while participants will engage in the research activities.]

**CONTACT INFORMATION:**

If you have questions about the study, please call me at [insert your phone number] or e-mail me at

[insert your e-mail address]. [If this is a student research project, include the contact information

for the faculty advisor.] If you have any questions about your child’s rights as a participant in this

research or if you feel your child has been placed at risk, you can contact the IRB Office at

[grants@nyit.edu](mailto:grants@nyit.edu) or 516 686-7488.

**PARENT’S CONSENT:**

By signing below, you are giving consent for your child to participate in the above study. [Release

statement for audio or videotaping must be inserted here if applicable. Add the following statement:

“Please check the option that applies to you before signing” and the following options if video and/or

audio recording:

☐ I give permission for my child to be audio/video taped.

☐ I do not give permission for my child to be audio/videotaped.]

Your child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Obtaining Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_