**Parent/Guardian Permission Template**

**EXEMPTION CATEGORY 1 RESEARCH ONLY**

**Instructions: Fill in the information relevant to your study using the prompts in blue. Remove all text in red including these instructions.**

It is very important to write your consent form in layperson’s language that can be easily understood by your participants. (An 8th grade reading level is recommended for the general population.) This template includes language recommended by the IRB. Please adapt it as necessary to be sure your consent form explains your research project clearly.

**DELETE all instructions** (including this section) and suggested language that is not applicable, then **UPLOAD a copy of the parental permission form to the IRB application exactly the way your participants will see it, all text in black.** This will be the official copy that must be used for all participants.

**Permission for Child to Participate in Research**

Your child is invited to participate in a research study. This is a regular class activity that involves *(explain what the participant will be doing).* The purpose of this research, to be conducted by *(name, title, department) [if PI is a student, add* under the supervision of *(name, title, department)]*, is to evaluate the teaching strategy OR classroom behavior modification strategy of *(explain what you are evaluating)*.

I am also asking for your permission to use your child’s *(describe all materials and grades that you are requesting permission to use)* as part of my evaluation.

[If appropriate, add: In addition to giving me permission to access the materials described above from the regular class activity, I am asking that your child participate in the following optional research activity (*clearly explain exactly what you will do and what you expect your participants to do, including whether you will be audio or videotaping)*.]

**OPTION 1**: This research is anonymous. No information will be collected that would identify your child.

OR

**OPTION 2**: I will keep your child’s information strictly confidential. All notes and questionnaires will receive a code number and be kept separate from your signed consent form. The list which has your child’s name and code number will be kept in a locked file in [if a physical copy: a locked file in the (name of department) at the College of Charleston] [or if the coded list is electronic: secure electronic storage] and destroyed when the research is complete. At no time will your child be able to be identified in any reports or publications which result from this research.

[If the participants will be audio or video recorded, add:

The (audio or video) tape will be destroyed after it is transcribed.

OR

The (audio or video) tape will be kept for (amount of time and location) for use in this research only OR for future research use OR for educational purposes.]

Although it is not anticipated that your child will benefit directly through their involvement in this study, this research is expected to benefit (define the larger population) by (describe potential benefits to the larger population)**.**

Your child’s participation is completely voluntary, and your child may discontinue participation at any time. You may withdraw your permission at any time. Your decision for your child to participate or not, or to discontinue participating, will not result in any loss of benefits to which your child is entitled AND/OR will not have any effect on your child’s grades in this class. There is no penalty for not participating in the study or for withdrawing your child from the study at any time.

Your child’s personal data collected for this research will be stored until (period for which the data will be stored and whether personal identifiers will be removed from the data) [OR if undetermined (explain the method for determining length of data storage and whether personal identifiers will be removed from the data). Projected future use of your child’s personal data includes (provide details about any projected future use, such as future research or educational purposes and whether personal identifiers will be removed from the data).]

[If recruiting through a K-12 setting/school district: Participants and parents/guardians have the right to inspect materials before consenting. The (name of the school district) School District is neither conducting nor sponsoring this project.]

If you have any questions concerning this research study, please contact (name of PI) at (telephone number) or (email) [if PI is a student, add or my faculty advisor at (telephone number) or (email)]. You may also contact Research Protections & Compliance in the Office of Research and Grants Administration, at 843-953-5885 or email compliance@cofc.edu if you have questions or concerns about research review at the College of Charleston or your rights as a research participant. You will be given a copy of this form to keep.

**This research has been reviewed by the Human Research Protections Program at the College of Charleston and covers all relevant requirements of the EU General Data Protection Regulations.**

**OPTION 1: ORAL CONSENT** (no participant signature): I orally give my permission for my child to participate in this research project.

OR

**OPTION 2: SIGNED CONSENT**, include the section below.

I have read this consent form, and I give my permission for my child to participate in this research study and certify that I am at least 18 years old.

OR

The information in this permission form has been explained to me, and I have been given the opportunity to ask questions. I give my permission for my child to participate in this research and certify that I am at least 18 years old.

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Printed Name of Child

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Printed Name of Participant

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Signature of Participant Date

[OPTIONAL: If you would you like to receive a copy of the results of this study, please print your contact information (mailing address or email):]