**PARENTAL CONSENT FORM MODEL**

**Please do not include a copy of this exact model in your proposal. Your proposal must include a consent form that has been tailored specifically to your study. Use this basic format and wording, but modify it to be correct for your study.**

Your child is invited to participate in the study entitled “Responses to Storytelling in the Social Studies Classroom.” My name is S. Freud and I am student at St. Mary’s College of Maryland working on my Masters of Arts in Teaching degree. As part of my degree I will be conducting a study examining how students respond to reading stories about historical and social events.

Your child will be asked to read a story as part of a classroom activity. After reading the story, if you give your consent for them to participate and they agree, they will fill out a short survey about what they learned and whether they liked the story format. They will be asked to do this two times during the coming weeks. Their total participation time will be approximately 30 minutes. We do not foresee any risks to participating, although if they are uncomfortable answering any questions on the survey, they may refuse to answer that question or choose not to continue with the survey.

There is no direct benefit to you or your child from participating in this research, but your data will help us understand how different formats of materials may facilitate student learning.

Because there is no identifying information on the surveys and this consent form will be in no way linked to your child’s responses, their answers to the survey questions will be anonymous. [Alternate wording if data is not anonymous: We will be collecting some information that may mean your child could be identified from their responses. To protect their confidentiality, researchers will keep all hard copy data stored in faculty member’s office and all electronic data on a password protected computer; only the researchers will have access to the data. We will remove any identifiers from the data at the conclusion of data collection.]

If you are interested in discussing the research further please contact S. Freud at 240-555-5555 or [sfreud@smcm.edu](mailto:sfreud@smcm.edu) or 5555 Oedipus Complex, St. Mary’s City, MD 20686. If you have any questions regarding your rights as a participant in this study please contact the Chair of the Institutional Review Board at St. Mary’s College of Maryland, at [irb@smcm.edu](mailto:irb@smcm.edu), or 18952 E. Fisher Rd., St. Mary’s City, MD 20686.

Your and your child’s participation in this research is voluntary and you or they may choose not to participate at any time. The decision whether or not to participate will not jeopardize any future relations with St. Mary's College of Maryland.

Parent name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FORMS MUST BE RETAINED BY THE PRINCIPAL INVESTIGATOR AND A COPY MUST BE PROVIDED TO THE PARTICIPANT!**

See: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.117>