**IRB PARENTAL CONSENT FORM MODEL and INSTRUCTIONS**

**Please do not include a copy of this exact model in your proposal and do not include the italicized information explaining what should be in each section. Your proposal must include a consent form that has been tailored specifically to your study. You can use this basic wording, but format it to present the information clearly (see the sample at the of this document for formatting) and modify the content to be correct for your study.**

**Remember the goal of the informed consent process is to inform participants of what they (or in this case, their children) will be doing in the study, what the risks and benefits are, and to address confidentiality and participant rights. A list of required elements and more information can be found in the SMCM** [**eIRB Forms Instruction**](https://www.smcm.edu/irb/forms/) **document.**

**Note that parental consent can be passive (they must reply to opt out of the research) or active (they must reply to be included in the research) depending on the research needs, and those consideration are beyond the scope of this template. If you are a student, be sure to discuss this with your research mentor as it may affect wording of the consent document.**

**This template is designed for written active consent processes, but can be modified.**

**Template/Instructions:**

*Start with an invitation and the title of study. This title does not need to reveal the specific topic of your study if that would be counter to research goals. It may also be useful to introduce yourself so parents understand who is conducting the research.*

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 a 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.

*The next paragraph should provide an overview of your project including a brief description of the tasks that the participant will be asked to complete.*

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. (*Note that the time may not be a necessary element if the tasks are part of regular classroom instruction.)*

*The next section should address any risks. NOTE: Online studies can skip the COVID risk statement and proceed to the general risks section. Studies being conducted as part of student placement in the public schools may also skip this statement if it is justified in the proposal. However, in general all IN-PERSON RESEARCH for the 2021-2022 academic year should include* ***IN BOLD*** *the following COVID statement on the consent form:*

**To participate in this study, your child will interact with the researcher(s) in person. The evidence to date suggests that COVID-19 and its variants are most easily spread through person-to-person contact. Although the researchers have safeguards in place to reduce the likelihood of transmission, it may still be possible to become infected. In signing this consent form, you acknowledge that you understand this risk and wish your child to participate.**

*After the COVID warning, address more general risks. Use the wording that best fits your project (select one to include—not all of them—or modify as needed):*

* *If there are no risks:* We do not foresee any risks to participating, although if your child is uncomfortable answering any questions, they may refuse to answer that question or choose not to continue with the survey.
* *If there are other risks:* You should state what those risks are so that the participant can make an informed decision about their child’s participation.

*The next section should describe the benefits. Use the wording that best fits your project (select one to include—not all of them—or modify as needed):*

* *No benefits:* There is no direct benefit to you or your child from participating in this research, but your child’s responses will help us understand how different formats of materials may facilitate student learning.
* *If you are using some other type of incentive:* As an incentive to participate, you (your child) will receive X. Your child’s responses will help us understand how different formats of materials may facilitate student learning.
* *If you are psychology student using the psychology department research pools OR the psychology department raffle incentive, please see the more specific guidelines on the* [*psychology department webpage*](https://www.smcm.edu/psychology/student-resources/obtaining-research-participants/student-resources-obtaining-research-participants-irb-language/)*.*

*The next section should describe the confidentiality aspects of your study. Use the wording that best fits your project (select one to include—not all of them—or modify as needed):*

* *If no identifying information is being collected (it is anonymous):* Because there is no identifying information being collected and this consent form will be in no way linked to your child’s responses, their answers to the surveys or research tasks will be anonymous.
* *If data is not anonymous but will be confidential (collected by the researcher but not shared):* 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 data stored on a password protected computer and only the researchers will have access to the data. We will remove any identifiers from the data at the conclusion of data collection.
* *In cases where the researchers will not have access to identifiers, but the Office of Institutional Research or a staff member must have access to identifiers for follow up with non-responders (if using Qualtrics and an all student email approach) or to award credit or raffle entries (e.g., in* [*Psychology studies*](https://www.smcm.edu/psychology/student-resources/obtaining-research-participants/student-resources-obtaining-research-participants-irb-language/)*):* We will be collecting some information that may mean your child could be identified from your responses. To protect your confidentiality, only members of the Institutional Research Staff [*and for psychology studies, the Research Pool Manager*] will have access to identifying information but will keep this information confidential. Researchers will not have access to identifying information and will keep the anonymous data stored on a password protected computer.
* *If recordings are made:* Your child may be audiotaped/videotaped as part of this study. To protect their confidentiality, researchers will keep all recordings on a password protected computer and only the researchers will have access to the recordings. Identifying information will be removed from any transcriptions of the recordings. At the conclusion of the research, all recordings will be destroyed.
* *If you are not guaranteeing confidentiality, you MUST state clearly how their information will be used. This example is just one example—make sure you say how you plan to use non-confidential data:* Information in this study is not confidential and your child may be able to be identified by others. Their answers [recordings] may be used publicly where they could be identified. If you are not comfortable with this, you may choose for your child not to participate and their responses will not be used.

If you are interested in discussing the research further please contact [*use your contact information*] 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.

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

*It may also be good practice to indicate in this section that, if the research is being collected in an organization like a school or daycare, that their choice to participate will not affect their relations with that organization or affect their grades or class standing.*

You must be 18 years of age or older to give consent for your child to participate in this research.

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

Child name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed (if documented consent is needed)

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

**Here is a final consent form SAMPLE using the points above but without the explanatory language and with consistent formatting:**

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.

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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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>