SAMPLE LANGUAGE FOR RESEARCH AND/OR EVALUATION PARENT/GUARDIAN CONSENT FORM

My signature on the third page of this form indicates that I have read the information provided and have decided to allow my child to participate in the project titled, “name of project” to be conducted at my child’s school.

{In approximately one paragraph, describe the purpose/context of the study.}

I agree to the conditions listed below with the understanding that I may withdraw my child from the project at any time, and that my child may choose not to answer any questions that he/she does not want to answer. I understand my and my child’s participation is completely voluntary.

1. Please describe what you will ask the student to do, how much time you predict will be involved in participation, and the length of the study (how many times will data be collected).

2. In this section, please describe all data you will collect from student records, such as test scores, attendance data, etc., and what you will do with it.

3. If you are requesting access to free/reduced price meal eligibility status, please state that and include a statement that your decision to allow or not allow access to this information will not affect eligibility for or participation in Child Nutrition Programs.

4. Please state here how the identity of participants will be protected and who will have access to project data.

5. Please describe here in what form or forms the data you collect will be reported or otherwise shared.

6. Please state here any risks or inconveniences that participants might incur. If there are none state so. If there are risks, say what they are and what precautions you will take to protect participants. Describe benefits of participating in study and compensation to participants.

7. My consent is optional. My decision whether or not to allow my child to participate will not prejudice my present or future relations with (your institution here), BSD7, or my child’s school or teacher. If I decide to let my child participate, I am free to discontinue participation at any time without prejudice. If my child participates, I can get information about the project and copies of any surveys or tests given to my child by contacting (provide the name of a project contact and contact information here).

8. I understand that while this project has been reviewed by BSD7 and by the principal at my child’s school, BSD7 is not conducting project activities.

Keep this page for your records

9. A copy of this signed agreement will remain in my child’s permanent school folder.
You are making a decision about allowing your (son/daughter/child/infant/adolescent youth) to participate in this study. Your signature on the following page indicates that you have read the information provided above and have decided to allow him or her to participate in the study. If you later decide that you wish to withdraw your permission for your (son/daughter/child/infant/adolescent youth) to participate in the study, simply tell me. You may discontinue his or her participation at any time.

Include researcher contact information here

______________________________________________________________________________
Student’s First and Last Name                          BSD7 Student ID Number
__________________________________________________________________________
Parent or Guardian Signature                          Date