**SAMPLE Parental/Guardian Consent Form**

NOTE: The parent/guardian should keep a copy of the consent form, and the researcher should obtain a signed form. We recommend you provide two copies of this form, one to return and one to keep.

Dear [xxx],

I am a [*state your position*] at Saint Mary’s College of California in Moraga. I am also a [*list other examples, qualifications here, if relevant to your study].* I am conducting a study on [*explain what the study entails*]. The purpose of my study is [*explain what you are trying to accomplish and/or learn from your study*].

I am asking for your permission to have your child participate in my study. By participating in this study, your child will be asked to do [*explain what participants will have to do, how long, how often, etc.*]. [*Provide details of audio/video recordings if they are part of the study. You also need to provide a release form.*] It should take you about [*estimated time*] to complete.

Risks to participating in this study include [*list all risks here and how you will minimize them. If the risks include raising emotional issues, you should include contact information for a counseling center or other resource.*]

Your child’s participation is voluntary and you may choose to withdraw him/her at any time or choose not to answer every question. [*State here, if students need to continue the class activities or assignments as regular part of the lesson.*] Your decision for your child to participate in my study or their responses in my study will not alter my relationship to your child in anyway. [*If you hold authority over the participants, explain how you separate the role of the researcher from the position of power. For example, you may want to say, “Your child’s school achievement outcomes and grades will not be impacted in any way whether or not you choose to allow your child to participate. This is a voluntary study and participation will not have any bearing on your child’s classroom participation or grades.”*]

I assure you that if you allow your child to participate, [*state what you are obtaining as data*] will remain confidential, as I will keep [*explain the process of maintaining confidentiality*]. [*If the data is not confidential, explain why and potential risks involved in disclosing the participant’s written/oral accounts*.] Your child’s [*written/oral/etc.*] responses will also remain anonymous, as I will keep [*explain the process of maintaining anonymity*]. [*If you are not keeping anonymity, explain why and potential risks involved in the personal identification disclosure*.]

In gratitude for participating in my study, your child will be eligible to receive [*list any reward here as well as the process by which a reward would be administered. Please note that you are not required to offer a reward.*]

Once I collect the information, the data will be analyzed in collaboration with [list the name of co-investigator(s) or faculty advisor, if any]. I will then present the results [list any forms/places your data will be presented or discussed]. You are welcome to ask me for a copy of my report when it is completed.

Should you have any questions or concerns at any point during the duration of my study, please feel free to contact me by email at [list your contact information]. [*State the name and contact of the faculty advisor, if any.*] Thank you in advance for your assistance with my research.

Sincerely,

[Your name here]

Please indicate your decision below, sign and date, and return one form to [*state the name of the person collecting this form and/or method of returning*].

* Yes, I allow my child to participate in your study.
* No, I DO NOT allow my child to participate in my study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT Name of the Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT Name of the Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Parent/Guardian Date

**SAMPLE Child Assent/Consent Form**

NOTES:

1. Language should be adjusted to the appropriate level of comprehension for the age of potential participants.
2. The participants should keep a copy of the consent form, and the researcher should obtain a signed from.

Dear [xxx],

My name is [*researcher’s name, if the students do not already know the researcher*], and I am asking you for your help with my study. This project will [*explain what the study entails*]. I am doing my research to understand [*explain what you are trying to accomplish and/or learn from your study*]. By agreeing to participate in this study, I will ask you to [*explain what participants will have to do, how long, how often, etc.*]. [*Provide details of audio/video recordings if they are part of the study.*]

You may experience [*explain possible risks, if any*], but I will make sure [*explain your plans of action to protect the participants from the identified potential risks*]. If at any time during the study you do not feel comfortable, please speak with me or your parent and we will stop your participation in the study. [*State here, if students need to continue the class activities or assignments as regular part of the lesson.*] I will not share your personal information such as your name with other people, but I will share [*state what you present or publish*] so that other people who read my study will understand what I find out from my study.

Please talk with your parents about participating in my study. I will also ask your parents for permission for you to participate in the study. Remember if you do not want to participate in the study, you do not have to and there is no penalty. Being in this study is up to you and no one will be upset if you do not want to be in it or if you change your mind and want to stop.

If you have any questions about my study, please talk to me or contact me at [*email, phone number, etc.*].

I understand:

* My participation in the study is up to me;
* I can stop if I do not feel comfortable;
* My personal information will not be shared;
* I can ask [*name of the researcher*] questions about the study.

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Print Name of Participant Signature of Participant Date

NOTE: If students cannot write, the researcher may fill in the student name, date, and record the response that indicates willingness to participate (e.g., circle thumbs-up/down).