Delete all instructions in red before submitting to the IRB. Use the appropriate header associated with your school.

**Use this template when the parent gives permission and the child gives separate assent, or the child is not capable of giving assent (<5 years old).**

Instructions are in red. Customize the language in black as needed to fit your study. When you have finished, ***read over*** the entire document to ensure it makes sense and is accurate.

You are free to change wording, formatting, font, etc., as long as all the [required elements of informed consent](https://stockton.edu/research-sponsored-programs/documents/irb/ICFChecklist.pdf) are included. This template is for your convenience only; you are not required to use it.

* Use simple language. Avoid technical terms. Flesch-Kincaid score of 8 is recommended. Flesch-Kincaid is a measure of readability, and the numerical value refers to a grade level of reading comprehension. A level of 8 can be read by approximately 80% of readers in the USA.
* Write in a conversational tone, as though you’re speaking to your participants.
* Use pronouns (I, we, you) and contractions (we’re, won’t, isn’t).
* Use short paragraphs (~4 lines or less). Don’t write walls of text.
* Feel free to use bullet points, tables, graphs, pictures, diagrams, etc. to convey the study information more clearly.

|  |  |
| --- | --- |
| Study Title | [Insert Title] |
| Researcher(s) | [Insert name(s) and title/degree/department, as applicable] |

We’re inviting your child to take part in a research study. This form contains information that will help you decide whether you want them to join the study.

**What is the purpose of this study?**

Briefly, in one paragraph, explain in simple, non-technical language, the purpose, and goals of the study.

Example: We want to understand how children emotionally respond to different genres of music. The goal of this research study is to better understand how music portrayed in media may impact the mental wellbeing of children.

**Why was my child selected for this study?**

List any relevant eligibility criteria (e.g., age, gender, language). Also include any important exclusion criteria, if applicable.

**What will my child do?**

Describe all study procedures in simple language and include the duration of the research activities the participant will be involved in. If there are multiple procedures, use bullet points or separate paragraphs to make it easy to read.

Examples: Your child will be in a focus group with 10 other children, ages 10-12. 5 songs of varying music genres will be played for them, and the children will discuss the type of feelings they experience from the music. All music will be age appropriate in nature, contain no vulgarity or inappropriate references. Listening to the music will take approximately 20 minutes, and discussion following each song is expected to take 20 minutes. Total duration of participation will be approximately 40 minutes.

OR

In our lab:

* We’ll ask your child questions about the kind of music they like. (5 minutes)
* We’ll play 5 songs of varying music genres for them. (20 minutes)

At home:

* We’ll send a 5 question Qualtrics survey to your email for your child to take.
* Child will respond to the open-ended survey questions about their thoughts and feelings regarding each song that was played in our lab. The survey will include links to the original music played if they need to be reminded. (30 minutes)

**What risks will my child face by taking part in the study? What will the researchers do to protect my child against these risks?**

Describe known or expected risks of the study, and the degree of risk. Risks may be physical, psychological, legal, or informational. Regarding degree of risk, risk can be less than minimal, minimal, or greater than minimal risk. Breach of confidentiality is a potential risk in all research that collects or maintains personally identifiable information.

Researchers must describe what will be done to minimize risk and what safeguards or protections are in place. Example: Psychological risk is mitigated by providing mental health resources, or in interviews/surveys risk of discomfort is mitigated by enabling participants to skip questions they do not want to answer.

OR you can describe risks and risk mitigation/minimization in a table.

|  |  |
| --- | --- |
| Possible Risk | How We’re Minimizing These Risks |
| List the risks related to your study. Add as many rows as you think you may need. Consider physical, emotional, social, and financial risks.  Sample risks are provided in the rows below of the most common risks in research. Delete rows that are not applicable to your research. | Describe any countermeasures taken to minimize risk. |
| Questions contained in this survey may be personal or upsetting. | Your child can skip any questions they do not want to answer. |
| Other members of the focus group may share your child’s responses. | We ask all participants to keep everything said during the focus group confidential, however participants can opt to write down their thoughts and opinions and provide it to the researcher as well. |

**Can I withdraw my child and/or refuse participation?**

Your child is free to leave the study at any time, and you are free to withdraw your child from the study at any time. If your child leaves the study before it is finished, there will be no penalty to you or your child. If you decide to have your child leave the study before it is finished, please contact [Insert Name(s) of Researcher(s)]

If you choose to tell the researchers why your child is leaving the study, your reasons may be kept as part of the study record. The researchers will keep the information collected about your child for the research unless you ask us to delete it from our records. If the researchers have already used your information in a research analysis it will not be possible to remove your information

**Data Security and Confidentiality**

|  |  |
| --- | --- |
| **What identifying information will be collected and why?** | List what identifiable information is being collected and what it will be used for.  Example: Your child’s name will be collected for extra credit. |
| **How long will my child’s data be kept?** | Specify the type of identifier you are referring to and the length of time it is being kept. Note: Following study completion data should be kept for a minimum of 3 years per federal guidelines. |
| **How is data kept secure?** | [Use whichever of the following bullet points apply to your study. Add any other measures you’ll use to protect data security.]  • Data is anonymous. – or – All identifying information is removed and replaced with a study ID.  • We’ll remove all identifiers after [insert amount of time or specific event].  • We’ll store all electronic data on a password-protected, encrypted computer.  • We’ll store all paper data in a locked filing cabinet in a locked office.  • We’ll keep your identifying information separate from your research data, but we’ll be able to link it to you by using a study ID. We will destroy this link after we finish collecting and analyzing the data.  • As with any data collected online, there is always a risk of data being hacked or intercepted. We’re using a secure system to collect this data [elaborate if desired], but we can’t completely eliminate this risk. |
| **Who will have access to my data?** | Explain who will have access to information and why.  Example: Researcher to conduct the study and analyze data, possibly the IRB to ensure we’re following laws and guidelines or disclose if your findings will be shared publicly through publication, but the child will not be identified by name and pseudonym will be utilized. |

**Other Study Information**

Provide the following details as it applies to your studies. Topics with an asterisk (\*) may be removed if irrelevant to the study.

|  |  |
| --- | --- |
| Possible Benefits | List any direct benefits OR indicate there are no direct benefits  List benefits to a larger group or society (Ex. Your participation will provide generalizable knowledge on xyz)  Do not include compensation here. |
| Costs of Participation\* | Ex. You’ pay for your own transportation and parking. |
| Compensation | Describe. Example: None OR $10 Amazon gift card. If providing compensation detail the amount, type of compensation, means of receiving it, and when it will be received. |
| Future Research | De-identified (all identifying information removed) data / biospecimens may be shared with other researchers. You won’t be told specific details about these future research studies.  – or –  Your child’s data / biospecimens won’t be used or shared for any future research studies. |
| Recordings/Photographs\* | We will record / photograph your child. The recordings / photographs will be used for [explain].  The recording / photography is optional. – or – The recording / photography is necessary to this research. If you do not want your child to be recorded / photographed, they should not be in this study. |

**Grievance and Participant Rights:** If I have any concerns about my child’s rights as a participant or am dissatisfied with any aspect of this study you may report grievances to the Stockton University Institutional Review Board, at [irb@stockton.edu](mailto:irb@stockton.edu) or 609.626.3567.

**Questions?** Please feel free to ask the investigator any questions before signing the consent form or at any time during or after the study. Principal Investigator: [Student/Faculty Name], Stockton University; Faculty Supervisor: [Faculty Name], [School of XXXX], [Office Number], [Building], Stockton University, [559-xxxx].

**Informed Consent Statement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the research project entitled, “[Project Title].” The study has been explained to me and my questions answered to my satisfaction. I understand that my child’s right to withdraw from participating or refuse to participate will be respected and that his/her responses and identity will be kept confidential. I give this consent voluntarily.

Parent/Guardian Signature:

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

*Signature Date*

Investigator Signature:

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

*Signature Date*