**Please delete all information in red and modify the header. Because there are multiple sections in this document, you need to modify the header for each section (i.e. each informed consent agreement). Remember that information in the consent should match what is described in your protocol.** **Always write your consent as if you are in person addressing the participant directly – use phrases like “your child will” and not “participants will.”**

**Model Parent/Guardian Informed Consent Agreement**

**Please read this consent agreement carefully before you decide to participate in the study. Your child will also receive an assent form; please review the assent form with your child.**

**Purpose of the research study:** The purpose of the study is… This section should match your description in the **Study Overview** section of your iProtocol protocol form. Please provide concise information that is easy to understand.

**What your child will do in the study:** Be specific; provide an accurate description of what the child will do as described in the protocol. If the child will be photographed, or audio/video recorded, include a description in this section. If your study involves deception, please give as much information as possible without using statements that are part of an experimental deception in the consent form. If your study involves an interview or a survey, inform the parents that the child can skip any question that makes them uncomfortable and they can stop the interview/survey at any time. If the study involves the child’s class or instructional time, inform the parent if their child will miss any instructional time and what the child will do if they don’t participate in the study.

**What you will do in the study:** If the parent is also a participant in the study, please include this section or create a separate consent form addressing the parent as a participant. Be specific; provide an accurate description of what the parent will do, as described in the protocol. If the parent will be photographed, or audio/video recorded, include a description in this section. If your study involves deception, please give as much information as possible without using statements that are part of an experimental deception in the consent form. If your study involves an interview or a survey, inform the parent that they can skip any question that makes them uncomfortable and they can stop the interview/survey at any time.

**Time required:** The study will require about \_\_\_ hours (or minutes) of your time.If the study includes multiple sessions, describe the amount of time that is required for each task, session, experiment (as outlined in the “What you will do in the study” section) and the total time for all sessions. If the parent is a participant, describe how much time will be required of them in the study.

**Risks:** Describe the risks and what you will do to minimize the risks, as described in the protocol. Include all possible physical, psychological, professional or personal risks and/or hazards for the child and/ or parent in this section. If a risk is stated in the protocol, then it must be addressed in the consent form but don’t overstate the risk either. If there are no risks to the parent and/or child, then state: There are no anticipated risks in this study.

**Benefits:** There are no direct benefits to you or your child for participating in this research study. The study may help us understand… Please limit your benefit section to one or two sentences. Please do not overstate the benefits or include payment or credit in the benefit section.

**Confidentiality:** Use this section to describe how you will keep the participant’s data private and confidential. This could include a brief statement about how you will collect their data, store it, and use it in your study, as stated in Section C-4 of the protocol.

The following text can be used as a model for the more common data collection scenarios. Modify the text so that it accurately reflects if you are collecting data from the parent and child or just the child.

**Data linked with identifying information:**

The information that (you and your child) give in the study will be handled confidentially. Your child’s information and your information will be assigned a code number. The list connecting your child’s name and your name to this code will be kept in a locked file. When the study is completed and the data have been analyzed, this list will be destroyed. Your child’s name and your name will not be used in any report.

If you are using an audio/video recording(s) of the participant, or photograph in the study, describe when their materials will be destroyed.

**Anonymous data:**

The information that you and your child gave in the study will be handled confidentially. Your data and your child’s data will be anonymous which means that your name will not be collected or linked to the data. If it is possible to deduce the participant’s identity, state the following: Because of the nature of the data, it may be possible to deduce your child’s identity and/or your identity; however, there will be no attempt to do so and your data will be reported in a way that will not identify either you or your child.

**Confidentiality cannot be guaranteed:**

In some cases it may not be possible to guarantee confidentiality (e.g. an interview of a prominent person, a focus group interview). Please use the following text if you cannot guarantee confidentiality: Because of the nature of the data, I cannot guarantee that your data or your child’s data will be confidential and it may be possible that others will know what you have reported. Please note that in some cases if confidentiality cannot be guaranteed, it may be a risk to the participant and should be explained in the “Risks” section as well.

**Voluntary participation:** Your child’s participation and/or your participation in the study is completely voluntary. If the study involves a classroom setting state that the child’s grades will not be affected by the study. If the study is in a clinical setting, state that the study will not affect the child’s care.

**Right to withdraw from the study:** You have the right to withdraw your child and yourself from the study at any time without penalty. If you are using an audio/video recording(s) of the participant, please state that the participant’s recording will be destroyed should they decide to withdraw.

**How to withdraw from the study:** Please modify this section so that it accurately describes how to withdraw from the study while it is being conducted and how to withdraw after it is completed, where appropriate.

If you and/or your child want to withdraw from the study, tell the researcher. There is no penalty for withdrawing. If payment or course credit is being offered, include the following phrase: You and/or your child will still receive full payment (or credit) for the study. Payment can be prorated if there are multiple sessions. If you would like to withdraw after your materials have been submitted, please contact… If deception is included in the study, let the parent know that they will be debriefed and/or their child will be debriefed if they withdraw from the study and that their data and/or their child’s data will be destroyed.

**Payment:** You will receive no payment for participating in the study. If payment or credit is being offered, describe it here. If the payment involves a lottery or drawing, describe the odds of winning the payment.

**Using data beyond this study:** Use this section to describe how the data will be used beyond the study including making data available for other studies beyond the original study (secondary use of data). Make sure this statement fits how the data will be used; future studies that contradict what is described in this section risk not being approved by the IRB. If the data will not be used, state how long the data will be kept and that it will be destroyed.

(secondary data option) The researcher would like to make the information collected in this study available to other researchers after the study is completed. The researcher will remove any identifying information (such as your name, contact information, etc.) connected to the information you provide. The researcher will share all of the information collected in this study (not just your individual file) with other researchers for future research studies, including but not limited to (describe examples of potential future studies). The researcher will make the information available on a public website such as (include website). Researchers of future studies will not ask your permission for each new study. The other researcher will not have access to your name and other information that could potentially identify you nor will they attempt to identify you.

(destroy data option) The data you provide in this study will be retained in a secure manner by the researcher for the time required by UVA research record retention requirements and then destroyed.

**Please contact the researchers on the study team listed below to:**

* **Obtain more information or ask a question about the study.**
* **Report an illness, injury, or other problem.**
* **Leave the study before it is finished.**

Principal Investigator's Name (If there is another study team member that should be listed as the contact person, please list contact information for both the PI and the contact person).
Department, UVA Address (no home addresses!)
University of Virginia, Charlottesville, VA 22903.
Telephone: (434)…
UVA Email address

Faculty Advisor’s Name (Include this information for student or staff research projects).
Department, UVA Address
University of Virginia, Charlottesville, VA 22903.
Telephone: (434)…
UVA Email address

**You may also report a concern about a study or ask questions about your rights as a research subject by contacting the Institutional Review Board listed below.**

Tonya R. Moon, Ph.D.,

Chair, Institutional Review Board for the Social and Behavioral Sciences

University of Virginia, P.O. Box 800392

Charlottesville, VA 22908-0392

Telephone: (434) 924-5999

Email: irbsbshelp@virginia.edu

Website: https://hrpp.research.virginia.edu/teams/irb-sbs

Website for Participants: <https://hrpp.research.virginia.edu/about/information-research-participants>

UVA IRB-SBS # Please include iProtocol number HERE!

**Agreement:**

I agree to allow my child to participate in the research study described above.

I agree to participate in the research study described above.

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You will receive a copy of this form for your records.**