Gardner-Webb University IRB

Parental Consent/Student Assent Form

Title of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher: (Include name and Role/Department) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose:**

**The purpose of the research study**: (*This section should summarize your study. Please provide concise information that is easy to understand) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Procedure:**

**What you will do in the study:** (*Outline what will be expected of the participant. Be specific, as described in your research procedure. If the participant will be photographed, audio taped, or videotaped, include this in the description. If your study involves an interview or survey, inform participants that they can skip any question that causes discomfort and that they can stop the interview or survey at any time. If your study involves deception, please give as much information as possible without compromising your research

**Time Required:**

It is anticipated that the study will require about \_\_\_\_ *minutes/hours* of your student’s 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 above), and the total time for all sessions.*

**Voluntary Participation:**

Participation in this study is voluntary. Your student has the right to withdraw from the research study at any time without penalty. He/she also have the right to refuse to answer any question(s) for any reason without penalty. If he/she chooses to withdraw, he/she may request that any of his/her data which has been collected be destroyed unless it is in a de-identified state.

**Confidentiality:**

*(Provide an explanation of how data will be kept private and confidential and how researcher will protect the anonymity of the subject. This should include a brief statement about 1) How you will collect data 2) How you will store data and 3) How and when data will be destroyed.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**For common scenarios concerning confidentiality, the following text can be used:**

**Data linked with identifying information**:

The information that your student gives in the study will be handled confidentially. His/her information will be assigned a *code number*. The list connecting his/her 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 student’s name will not be used in any report. *If you are using audio tapes, video tapes, or photographs in the study, describe when these materials will be destroyed.*

**Anonymous data:**

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

**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 your student’s data will be confidential and it may be possible that others will know what he/she has 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.*

**Risks:**

*If there are no risks to the student, then state:* There are no anticipated risks in this study. *If there is a potential risk to the student, describe the risks and what you will do to minimize the risks, as described in your Application to Conduct Research. Include all possible physical, psychological, professional, or personal risks and/or hazards for the participants.* ***Any risks listed in your Application to Conduct Research must be addressed in this section. However, it is important not to overstate the risks as well.*** *If arrangements have been made for a counselor to be available in the event of participant discomfort, state the following:* If, as a result of the study, your student experiences discomfort and would like to discuss his/her thoughts or feelings with a counselor, please contact the following individual for assistance… *List the name and contact information of the counselor on call. If the situation is such that a specific counselor cannot be determined before the study, please list name and contact information of the researcher.*

**Benefits:**

There are no direct benefits associated with participation in this study. The study may help us to understand … *provide one or two sentences about what you hope to learn from the study.* The Institutional Review Board at Gardner-Webb University has determined that participation in this study poses minimal risk to participants.

**Payment:**

Your student will receive no payment for participating in the study. *If an incentive is offered which involves a lottery or drawing, describe the odds of winning the incentive. If class credit to participants is involved, please us the specific term: “class participation credit.”*

**Right to withdraw from the study:**

Your student has the right to withdraw from the study at any time without penalty. *If you are using an audio or video tape, please state the following:* If he/she chooses to withdraw from the study, his/her audio (or video) tape will be destroyed.

**How to withdraw from the study:**

*Please modify this section so it accurately describes how to withdraw from the study while it is being conducted and how to withdraw after it is completed, where appropriate (it may be impossible to withdraw if the data are anonymous).*

* If your student wants to withdraw from the study, *(explain how to withdraw from the study, such as “tell the researcher and leave the room” or “tell the interviewer to stop the interview”).* There is no penalty for withdrawing.
* If your student would like to withdraw after your materials have been submitted, please contact … *fill in researcher contact information.*
* *If deception is included in the study, let the parent/guardian know that the student will be debriefed if he/she withdraws from the study and that his/her data will be destroyed.*

**If you have questions about the study, contact**: (*List all researchers and contact information)*

Researcher’s name

Department

Gardner-Webb University

Boiling Springs, NC 28017

Researcher telephone number:

Researcher email address

Faculty Advisor name

Department

Gardner-Webb University

Boiling Springs, NC 28017

Faculty Advisor telephone number

Faculty Advisor email address

**If the research design of the study necessitates that its full scope is not explained prior to participation, it will be explained to your student after completion of the study. If you have concerns about your student’s rights or how he/she is being treated, or if you have questions, want more information, or have suggestions, please contact:**

Dr. Sydney K. Brown

IRB Institutional Administrator

Gardner-Webb University

Boiling Springs, NC 28017

Telephone: 704-406-3019

Email: [skbrown@gardner-webb.edu](mailto:jrogers3@gardner-webb.edu)

**Parental Consent:**

I have read the information in this consent form and fully understand the contents of this document. I have had a chance to ask any questions concerning this study and they have been answered for me.

\_\_\_\_\_ I give my consent for my student to complete the confidential survey.

\_\_\_\_\_ I **do not** give my consent for my student to complete the confidential survey.

\_\_\_\_\_ I give my consent for my student to participate in the focus group.

\_\_\_\_\_ I **do not** give my consent for my student to participate in the focus group.

\_\_\_\_\_ I give my consent for my student to participate in the interview session(s). I understand that this

interview may be *indicate video/audio* recorded for purposes of accuracy. The *audio/video*

recording will be transcribed and destroyed.

\_\_\_\_\_ I **do not** give my consent for my student to participate in the interview session(s).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent printed name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Participant printed name

**Student Assent:**

I have read the information in this consent form and fully understand the contents of this document. I have had a chance to ask any questions concerning this study and they have been answered for me.

\_\_\_\_\_ I agree to participate in the confidential survey.

\_\_\_\_\_ I **do not** agree to participate in the confidential survey.

\_\_\_\_\_ I agree to participate in the focus group.

\_\_\_\_\_ I **do not** agree to participate in the focus group.

\_\_\_\_\_ I agree to participate in the interview session(s). I understand that this

interview may be *indicate video/audio* recorded for purposes of accuracy. The *audio/video*

recording will be transcribed and destroyed.

\_\_\_\_\_ I **do not** agree to participate in the interview session(s).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Participant printed name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Participant signature

You will receive a copy of this form for your records