**[Insert the title of research study here. The title should be accessible to a layperson. Use Times New Roman, pt.14, bold]**

**Parental Information Sheet**

DearParent [or caregiver, legal guardian],

My name is[provide your full name]and I am [Identify your role/title at the university, e.g. “student”, “professor”] in name your department at California State University San Marcos. I am conducting a research study to [state purpose of study]. The purpose of this form is to inform you and provide information about the study.

**What is the key information about this research study?**

## The following is a short summary of this study to help you decide whether you want your child to be a part of this study. Information that is more detailed is listed later on in this form. [The following should be all one paragraph:]

The purpose of this study is [insert purpose here]. Your child will be asked to [include a brief statement of the procedures that will be done. For example: You will be asked to complete a survey and a follow-up interview]. We expect that your child will be in this research study for [hours/days/months/weeks/years, until a certain event]. The primary risk of participation is [insert primary risk]. The main benefit is [insert main benefit].

**Why is my child being invited to take part in a research study?**

I invite your child to take part in this study because [explain what makes the child eligible for participation in the study and why the study is being done]

**What will my child do if I agree for him/her to participate?**

If you agree for your child to participate in the study, she or he will [Explain to the parent the research activities their child is expected to engage (e.g. taking a test/questionnaire/surveys, participating in interviews, observations, etc.). Use simple language. If audio or videotaping will be used, it should be mentioned here. Clarify where each activity will be performed, how frequently they will be performed, and the expected amount of time each activity will last. Additionally, explain the total duration of the study.].

**What happens if I say yes, but I change my mind later?**

Your child’s participation in this study is voluntary. Your child may decline participation at any time. You may also withdraw your child from the study at any time; there will be no penalty [If applicable, “It will not affect your child’s grade, treatment/care, etc.”] Likewise, if your child chooses not to participate or to withdraw from the study at any time, there will be no penalty.

**What are the benefits for my child to be in this study?**

The benefits of your child participating in this study are [describe any direct benefits to the child. If there are no direct benefits to the child, use the following statement instead: Although there may be no direct benefit to your child, the possible benefit of your child’s participation is [explain the knowledge to be gained from this study and/or how the study will contribute to educational research.]

**What happens to the information collected for the study?**

Your child’s responses will be [anonymous OR confidential; “anonymous” is applicable when unidentifiable data is collected (e.g. participants are assigned ID numbers during the study and/or there is no master list with participants’ personal information), “confidential” is applicable when the researcher knows, collects, or has a record of the participant’s name or other identifiable information such as e-mail address, phone number, address, birthdate, student ID, and/or social security but uses pseudonyms during reporting of the data, and the personal information is only accessed by the researcher or the research team who is doing the study. If using focus groups, add the following statement: “Due to the nature of focus groups, complete confidentiality cannot be guaranteed”.]

The results if this study may be used in reports, presentations, or publications but your child’s name will not be used. [If applicable, use the following statement: “Results will only be shared in aggregate form”. Additionally, the researcher must explain where the data will be stored (e.g. locked cabinets, password protected computer), who will have access to the data (e.g. the researcher, research team), and how long the data will be retained (e.g. up to 3 years after the project is completed) and how the data will be disposed (e.g. the paper records will be shredded, the digital files will be erased)]

**Is there any way being in this study could be bad for my child?**

There are minimal risks and inconveniences to participating in this study. These include:

[Explain the risks and/or inconveniences using simple language. Examples may include but not limited to: Children may be uncomfortable answering the survey or interview questions. The time the child spends for participating in the study might be considered inconvenience. Explain how you will minimize the risks/inconveniences.]

**Who should I contact for questions?**

If you have questions about the study, please call me at [insert your phone number] or e-mail me at [insert your csusm e-mail address]. [If this is a student research project, include the contact information for the faculty advisor.] If you have any questions about your child’s rights as a participant in this research or if you feel your child has been placed at risk, you can contact the IRB Office at irb@csusm.edu or (760) 750-4029.

**What happens if I say no?**

If you decide not to give your consent for your child to participate in this study, your child has the option to [explain using simple language the alternative activity for children who do not participate in the study. For example, if questionnaires or surveys are used, how the non-participating child will spend his/her time. Similarly, if videotaping is used, explain how you will exclude the child from the recording (e.g. having the child sit at a table out of frame during data collection, blurring the sections of the video where the child appears after data collection, etc.)] If you decide to decline participation of your child in this research, please sign the below and send this form back to me. [Explain the parent how they should return the form back to you (e.g. with the child, via mail, etc.) If mail, provide a mailing address for the parent to send the form.]

[Omit the last statement above and the signature section below if this is used as an information sheet only. Replace the last statement above with the following statement: “Please keep this form for your records.”]

By signing below, you are declining your child’s participation in this study:

Your child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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