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|  | **Agreement To Participate in *Descriptive Project Title*** (IRB # \_\_\_\_\_) |

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| **Template Instructions**1. Text with a turquoise background serves one of two purposes. It is either part of the embedded instructions or part of an example. Please remove or replace all such text as you prepare your own form.
2. Replace the form title in header (p. 2 onward) with your ***Descriptive Project Title*** or a shortened version of it.
3. For all instructions, PI = Primary Investigator and FS = Faculty Supervisor.
4. You may adjust the font size and font type to suit your audience.
5. **Present all elements of this form in *clear, simple, nontechnical* language.**
	1. **In addition, use language suited for the *age, reading level, and culture* of the subjects you invite**.
	2. A 2016 *Washington Post* article reported, “**50 percent of U.S. adults can’t read a book written at an eighth-grade level.[[1]](#endnote-1)**”
	3. **Some agencies and sponsors require** that consent forms use language no higher than **8th grade level**. Best practices suggest using **6th grade** level.
6. **DELETE** this instructions box when you are finished preparing the form.
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You child is invited to [“volunteer for” or “be a subject in” or “take a survey for” or “be interviewed for”] a research project. [Volunteering may/will/will probably] not benefit your child directly, but [Exceptions would be studies than include *interventions* intended to directly benefit subjects. In such cases, replace the first part of this sentence with a brief description of that benefit followed by “and”] your child will be helping us [test/explore/develop \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]. If you allow your child to volunteer, s/he will [complete some activity or be asked\_\_\_\_]. This will take about [# of m/h/d/w…] of your child’s time. Volunteering for this study involves no more risk than what a typical person experiences on a regular day [or “Volunteering for this study involves \_\_\_\_\_\_” filling in the blank with a description of the risk and its probability and seriousness]. Your child may withdraw at any time for any reason. Please continue reading for more information about the study.

**Study Leadership:** This research project [or study] is led by [PI’s First and Last Name], a [title and affiliation] at Claremont Graduate University, [For students:] under the supervision of Professor/Dr. [Faculty Supervisor’s First and Last Name], of the [school/division/department/program].

**Purpose:** Provide a specific statement of purpose in nontechnical language, and summarize, in lay language, the scientific, scholarly, clinical, and any other objective(s) of the research.

**Eligibility:** To be in this study, your child must be… [State the specific inclusion/exclusion criteria.]

**Participation:** During the study, your child will be asked to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. [Include **how long** it will take. **If applicable:** **include examples of** survey or interviewquestions, **especially** personal or sensitive questions; **describe anticipated follow-up contact**; and **describe alternatives** to participation.]

**Risks Of Participation:** The risks that your child runs by taking part in this study are [minimal ***or*** moderate ***or*** substantial.] The risks include\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. [Describe how the researchers will manage or control the risks.] [Use of **deception** in the study should be disclosed here.]

**Benefits Of Participation:** [I **or** We] **do not** expect the study to benefit your child personally. [If there are potential personal benefits, then remove “do not,” and please explain what the benefits are and indicate how probable/improbable they are. This study is also intended to benefit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Compensation:** Your child [will/will not] be directly compensated [$ amount or description of item, if applicable] for participating in this study. [Include any conditions associated with reimbursement, such as completing a certain proportion of the study.]

**Voluntary Participation:** Your child’s participation in this study is completely voluntary. Even if you give permission, s/he does not have to volunteer. In addition, your child may stop or withdraw from the study at any time [**If applicable, add**: or refuse to answer any particular question for any reason] without it being held against him or her. You and your child’s decision whether or not to participate will have no effect on your, or your child’s, current or future connection with anyone at CGU [*or with any other relevant entity/agency*]. [**For group settings**, describe the alternative to participation.]

**Confidentiality:** Your child’s individual privacy will be protected in all papers, books, talks, posts, or stories resulting from this study. [If confidentiality/privacy will not be promised, disclose this fact]. **[NEW REQUIRED statement when collecting identifiable data:]** We may share the data we collect with other researchers, but we will not reveal your child’s identity with it **[OR**: “We will not use the data we collect for future research, nor share it with others.” You must state one or the other.**]**. In order to protect the confidentiality of your child’s responses, [I **or** we] will… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Sponsorship** [***If applicable***]**:** This study is being paid for by sponsoring agencies/funding source(s).

**Further Information:** If you have any questions or would like additional information about this study, please contact [name of the PI or a representative of the research project, with phone number and email address] [**For student investigators:]** You may also contact [faculty supervisor name] at [phone number and email address]. The CGU Institutional Review Board (IRB) has approved this project. [**If status is EXEMPT**, replace “approved this project” with “certified this project as exempt**.” If applicable**, you may include information about other IRBs or ethical review boards in this paragraph.] If you have any ethical concerns about this project or about your rights as a human subject in research, you may contact the CGU IRB at (909) 607-9406 or at irb@cgu.edu. A copy of this form will be given to you if you wish to keep it. [**For online or telephone surveys**: You may print and keep a copy of this consent form. **OR** If you wish, I/we will be happy to send you a copy of this consent form.]

**Consent:** Your signature below means that you understand the information on this form, that someone has answered any and all questions you may have about this study, and you voluntarily agree that your child may volunteer for the study.

[**If applicable:** For online consent forms or other projects in which the IRB specifically waives the requirement for a participant **SIGNATURE**, a checkbox or equivalent signal rather than a signature block is appropriate and acceptable.]

Name of Participating Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[**If Applicable:**] The undersigned researcher has reviewed the information in this consent form with the participant and answered any of his or her questions about the study.

Signature of Researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Printed Name of Researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Strauss, V. (2016) Hiding in plain sight: The adult literacy crisis. *The Washington Post.* [*https://www.washingtonpost.com/news/answer-sheet/wp/2016/11/01/hiding-in-plain-sight-the-adult-literacy-crisis/*](https://www.washingtonpost.com/news/answer-sheet/wp/2016/11/01/hiding-in-plain-sight-the-adult-literacy-crisis/) [↑](#endnote-ref-1)