

**PARENT/GUARDIAN CONSENT FORM**

Please read below with care. You can ask questions at any time, now or later. You can talk to other people before you fill in this form.

**Title:**       (This title needs to match the title in your IRB submission, unless this is a deception study)

**Study Number:**       (This you will find in your IRB Submission, i.e. FY-17-18-\_\_\_)

**Why is this study being done?**

(Describe the study’s purpose briefly and clearly. Do **NOT** use any jargon or technical language. Make sure you state the purpose of the research.)

**What will happen while your child or dependent is in the study?**

(Clearly list what the participants will experience, in chronological order. Do **NOT** use any jargon or technical language.)

i.e.,

* Your child’s hearing will be evaluated, if they falls into the normal hearing range, we will proceed with these steps.
* Your child will be fitted with headphones and asked to listen to a tape of three individuals speaking for 5 minutes
* Your child will then complete a 20-question survey on what they heard

**Time:** This study will take about       (give the amount of time in minutes or hours and/or days. If the study has different sessions, list how long each session will last.)

**Risks:** Your child or dependent may ….

(Describe foreseeable risks or discomfort to participants, including physical, psychological, social, economic, criminal or civil liability, employability, or reputation risks)

(If you are collecting data using the internet and/or email, you may consider including the following) Data will be collected using the Internet; we anticipate that your child or dependent’s participation in this presents no greater risk than everyday use of the Internet. Please note that email communication is neither private nor secure. Though we are taking precautions to protect your child or dependent’s privacy, you should be aware that information sent through email or internet could be read by a third party.

**Benefits:** Your child or dependent may benefit from this study

(Describe foreseeable benefits to the participant if relevant. If there are no benefits to the participants, state explicitly, “There are no benefits to you being in this study.”)

(ALWAYS Include the benefits to your field of study) Others may benefit from this study

Do not include payment amounts, gifts, SONA credit, etc.; that should be described under the Compensation section.)

**Compensation** To compensate you for the time you spend in this study, you will receive *(...describe compensation, including amount, type, and distribution method/timeline here. If there is no compensation, please state that).*

*(For compensated studies, please also state whether participants will be eligible for compensation if they withdraw from the study prior to its completion. If compensation is pro-rated over the period of the participant's involvement, indicate the points/stages at which compensation changes during the study).*

*(When listing that participant may be entered into a drawing for a gift, describe approximately when that drawing will take place).*

**Who will know that your child or dependent is in this study?**

Your child or dependent will not be linked to any presentations. We will keep who they are confidential (*Or if applicable,* anonymous).

You should know that New Jersey requires that any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to the Division of Child Protection and Permanency.

*(FOCUS GROUPS - use below in focus group studies)*

Although the researchers will take every precaution to maintain confidentiality of the data, the nature of focus groups prevents the researchers from guaranteeing confidentiality. The researchers would like to remind participants to respect the privacy of fellow participants and not repeat what is said in the focus group to others. Please do not share anything in the focus group you are not comfortable sharing.

**Does your child or dependent have to be in the study?**

Your child or dependent does not have to be in this study. Your child is a volunteer! It is okay if they want to stop at any time and not be in the study. They do not have to answer any questions that they do not want to answer. Nothing will happen to your child or dependent. They will still get the things that were promised.

(*If your study targets Montclair students)* Your grade for the course will not be affected by your child or dependent’s participation or non-participation in this study.

(*If your study targets Montclair employees)* Your employment will not be affected by your child or dependent’s participation or non-participation in this study.

**Do you have any questions about this study?** Phone or email the (Principal Investigator’s name, phone number, and email address and Faculty Sponsor’s Investigator’s name, phone number, and email address.)

**Do you have any questions about your rights as a research participant?** Phone or email the IRB Chair, Dr. Dana Levitt, at 973-655-2097 or reviewboard@montclair.edu.

*(Optional: you should only include this if you are requesting to use data in your future studies)*

**Future Studies** It is okay to use his/her data in other studies:

Please initial: Yes No

***When the investigator is audiotaping, videotaping, or photographing participants, add the following:***

As part of this study,it is okay to (audiotape, videotape, or photograph – include only process(es) pertinent to your study) my child or dependent:

Please initial: Yes No

**One copy of this consent form is for you to keep.**

**Statement of Consent**

I have read this form and decided that I agree to my child’s participation in the project described above. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that my child can withdraw at any time. My signature also indicates that I have received a copy of this consent form.

If you choose to have your child or dependent in this study, please fill in the lines below.

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

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Name of Parent/Guardian Signature Date

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Name of Parent/Guardian Signature Date

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Name of Principal Investigator Signature Date

**GENERAL TEMPLATE INSTRUCTIONS TO BE DELETED BEFORE SUBMITTING**

When developing consent forms for your study, please follow the format above. The section titles and introductory phrases are designed to help you achieve the appropriate Flesch-Kincaid Grade Level Reading. When adding text to the Montclair Templates, please reference [**Improving Consent Readability Level**](http://www.montclair.edu/institutional-review-board/wp-content/uploads/sites/179/2019/11/Improving_Consent_Readability2019-11.pdf)for ways to achieve the desired reading levels. For the general public we ask for a readability level of 6th to 8th grade.

**All Montclair State University’s faculty, staff, and students MUST use Montclair State University department letterhead for approved consent forms. You may customize the header of this template to fit your department. Just double-click in the header section.**

**Delete the above paragraphs, the instructions in parentheses above, and the grey boxes before submitting your consent form(s)!**