**Instructions:** This parent letter consent is ONLY approved for use in the College of Education, when the research is involving normal, educational practices and parental consent is required. This is not to be used for innovative educational practices or other Colleges and Schools of the University. Rowan University IRB Office retains the right to request this form not to be used and instead use the active informed consent template during the time of an eIRB submission and during the IRB administrative and member review of an eIRB application submitted for review.

**Delete and remove all instructional text that is in blue font.**

<Include Rowan University Logo/College of Education Logo> - Note, can include logo in header

Dear Parents/Guardians:

I am currently a graduate student in the MA in <Enter program> at Rowan University, and this experience is the last step before receiving my Master’s degree. In order to fulfill the requirements of my Master’s program I have to write a thesis by implementing a research project within my classroom. I will be conducting a research project under the supervision of the Principal Investigator and my advisor, <Include name of the Principal Investigator listed in the eIRB application here>. This study will take place at <Include the institutional/school name, building name (if different), and room number>.

The purpose of this research study is <Include purpose of research study here>. I am requesting permission for your child to participate in this research. I selected your child because he or she is a student in my class. The goal of this research project is to <Include goal of the research project here>.

The reason for this study is to <Include reasoning here>. We are asking the student to participate because <Include why the student’s participation is being requested/asked>.

<Include paragraph of the research procedures the student subject will have to perform>

The study will <Include length of study and specific time that the subject will participate in the study here>. There is no cost for participating in this study. <Include number of student subjects that will be enrolled, their ages or age range, and gender(s) here>.

The study contains minimal risk to your child because it does not involve any strenuous or dangerous activities: neither physical, mental, nor emotional. There is a reasonable possibility of the breach of confidentiality in a research study, but the Investigators will <Include the procedures and steps taken to reduce, mitigate or eliminate the possibility of breach of confidentiality here>.

There is no direct benefit; however, <Include a statement to the possible benefits to the student subject or the greater population as a whole, such as 4th Graders or other student class>.

Explain what alternatives are available if parent or guardian do not wish their child not to participate in the research study. If there are no alternatives, state “The alternative is not to allow your child to participate in the study.

Your decision to allow your child to participate in this research is voluntary. Your decision whether or not to allow your child to participate in this study will have absolutely no effect on your child's standing in his/her class. You have the option to leave the study at any time. If you no longer wish your child to be in the study, please contact <Include Co-Investigator’s name and contact information here>.

If you do not give permission for participation, your child will still receive the <Include the instructional technique/classroom activity>. There are no other alternatives. At the conclusion of the study a summary of the group results will be made available to all interested parents. If you have any questions or concerns, please contact me at <Include Co-Investigator’s name and contact information here> or you may contact my advisor, <Include Principal Investigator’s name and contact information here>.

If at any time during the study, either after agreement to participate or during the enrollment phase, you have any questions or concerns regarding your rights as a research subject, please contact the Rowan University Glassboro/CMSRU IRB, Office of Research Compliance at (856) 256-4078.

Thank you.

Sincerely,

<Include name and title of Co-Investigator here>

**AGREEMENT TO PARTICIPATE**

**Parent/Legal Guardian Consent**

The purpose and procedures for this Study have been provided to you in writing. If you have any questions about this study, then you should contact the Co-Investigator and discuss the study. By signing below, you indicate that your questions have been addressed either via the consent letter or through a discussion with the investigators.

**As a Parent/Legal Guardian, I freely give my consent to have *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Minor)*** **take part in this Study and authorize that his/her information as described above, be collected/disclosed in this Study.** I understand that by signing this form I am agreeing for the Minor named above to take part in research. I understand that I have a right to make a copy or receive a copy of this form upon request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Legal Guardian

<Include the following on the same consent form, if you are audio or videotaping. If you are not audio/videotaping, simply delete the section below on consent to audio/video tape and keep the Signature of Individual/Investigator Obtaining Consent. >

**CONSENT TO AUDIO/VIDEO TAPE**

You have already agreed to participate in a research study conducted by <Include name of Co-Investigator and Principal Investigator here>. We are asking for your permission to allow us to audio/videotape part of the research involving <Include portion/procedure of research that will be audio or video taped here>. You do not have to agree to be recorded in order to participate in the main part of the study.

The recording(s) will be used for analysis by the research team.

The recording(s) will not include any identifiable information. The recording(s) will be <Include retention, storage and other data confidentiality and securing measures here>.

Your signature on this form grants the investigator named above permission to record your child, Minor, as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written permission.

Subject/Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Signature of Investigator/Individual Obtaining Consent:**

To the best of my ability, I have explained and discussed the purposes and procedures of this Study including all of the information contained in this consent form when a parent/legal guardian has requested information. All questions of the Minor and those of his/her Parent/Legal Guardian have been accurately answered, and I have received a signed Parental/Legal Guardian Consent, indicating the Parent/Legal Guardian has the contact information of the investigator’s and read through the letter detailing the Minor’s involvement and permission to be a participant in the study.

Investigator/Person Obtaining Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

<If audio/video will NOT be used in the research, then the paragraph below and the checkbox below can be deleted. This section of the letter is only required when audio/video tape is being used>.

To the best of my ability, I have provided information about the use of audio/video in the conduct of research, including how it relates to the main purpose of the research study, and I have provided contact information of the Investigators for the Parent/Legal Guardian to contact for additional information.

Check the box here if audio/video taping will occur and information was provided to the Parent/Legal Guardian -