**INFORMED CONSENT**

THIS DOCUMENT IS FOR PROVIDING CONSENT ON *BEHALF* OF A CHILD, WARD, OR DEPENDENT

**Title of Research:**

[Insert title]

**Institutional Affiliation:** Shawnee State University

[Insert any additional institutions]

**Department:**

[Insert department, e.g., Social Science]

**Principal Investigators’ Names and Contact Information:**

[Insert names and emails of investigators]

**What is Informed Consent?** You are being asked to provide consent for your child, ward, or dependent to participate in research. To help you decide if you want to allow their participation, you should understand what the project is about, as well as any possible risks and benefits. This process is called informed consent.

This form describes the purpose, procedures, possible benefits, and risks of the research. It also explains how the personal information of your child, ward, or dependent will be used and protected.

Once you have read this form, and your questions are answered, you will be asked to sign it, either physically or digitally.

Your signature will indicate your consent for your child, ward, or dependent to participate in the study. Additionally, they will have to provide their assent in order to join the study.

* If you are completing this IN-PERSON, then you should receive a second COPY of this document to keep for your records.
* If you are completing this ONLINE, then we recommend that you screenshot this document for your records.

**Purpose of Study:**

 [Recommended that you insert an explanation of the broad purpose of the research here in simple, non-technical terms. Make it easy for readers.

EXAMPLES:

1. “In this study, we are trying to understand how children think about social interactions.”

2. “The purpose of this research project is to examine how different sounds affect attention in young people. We want to learn how different sounds affect attention on various tasks.”]

**Who Can Participate. Inclusion Criteria and Population Studied:** People in this study must be able to provide assent to participate in the study.

 [Insert any other inclusion/exclusion criteria here. Do NOT include vulnerable populations unless you are seeking *explicit* IRB approval for their participation.]

As the legal guardian or parent, you can provide *consent* on behalf of the person who can participate in this study. You must be at least 18 years of age or older. And you must be capable of providing informed consent on behalf of your child, ward or dependent.

**What They Will Do. Procedures of the Study:**

[I recommend inserting a step-by-step description of what the participant will be doing in the study. As always, use simple, non-technical language. Strive to be highly readable.

EXAMPLES:

1. “In this study, your child will start by watching a video. They will be randomly assigned to watch one version of a video showing social interactions. After the video, they will answer questions about what they thought of the interactions.”
2. “At the beginning of the study, your child will answer some questions about themselves. After that, they will complete tasks to test their attention while we play different sounds in the background.”]

**Time Needed. Estimated Duration of the Study**

[Clearly state how long the study will take, both for individual sessions, and for the overall participation.

EXAMPLE: “The study will take approximately [insert time] to complete, including [describe individual sessions if applicable].”]

**Risks and/or Discomforts:**

[Insert risks of the study such as loss of confidentiality, injury from performing exercise, psychological distress, harm to reputation, etc. Even if there are no *physical* risks, ensure you address emotional discomforts (like discomfort with certain survey questions). Also, provide contacts for psychological support, if necessary.

EXAMPLE: If NO RISK, then you could state: “No meaningful risks are anticipated, and no meaningful discomforts are anticipated.”]

**Benefits:**

[Insert benefits of participation, such as financial rewards, a feeling of satisfaction from contributing, opportunities to learn more about research, extra credit (must also provide an alternative extra credit option to avoid coercion of students), etc.

EXAMPLE: “Your child may feel good about helping with the research. They might also learn something new about how studies are done.”

**Your Rights:**

**• Participation is Voluntary. Right to Withdraw Consent at Any Time:** You may choose to NOT allow your child, ward, or dependent to participate. Also, you can withdraw your consent for their participation at any time. If you make any of these choices, then there will be no penalties. There will be no penalties. Additionally, there will be no loss of benefits to which they (or you) are otherwise entitled.

**• We Keep Their Information Safe and Private. Confidentiality, Privacy, and Records:** Results of the study may be published or presented. However, no names or identifying information will be used. Anonymized data may also be used for future studies or secondary analysis.

* Participant identity will remain confidential unless disclosure is required by law.

[Insert any other plans for future data use. Also, explain how privacy and confidentiality will be protected. If applicable, include information about data destruction.

EXAMPLE: “We have a plan to protect your child’s information. No identifying information will be included in any publications or presentations. Data will only be connected to consent forms through coded identifiers. Only the principal investigator will have access to the password-protected file linking the codes to identity.

All physical consent forms, and raw data, will be stored securely on password-protected devices, and locked in secure cabinets. These steps are taken to protect confidentiality and ensure data security.

Some follow-up surveys are conducted online. While we do our best to protect confidentiality, please note that online privacy risks are similar to those of regular internet use.

After the study ends, any data that could compromise privacy, such as the consent forms and code key, will be securely destroyed. (Insert time period, e.g., three years after the study concludes) This helps ensure that your child’s personal information will not be accessible after the study.

Additionally, mandatory reporting laws may require us to report any instances of abuse, harm, or illegal activity that are disclosed during the study.”

* **Contact Information for Questions and Protection of Rights:** If you ever have questions or concerns about the rights of research participants, or about the ethical conduct of this research, then please contact the Associate Provost, Institutional Review Board, Shawnee State University at (740) 351-3017.
* If you have questions about the study itself, then please contact one of the listed principal investigators.

**By Signing, You Agree That:**

• You have read this consent form (or it has been read to you) and have had the chance to ask questions.
• You have been informed of potential risks, and they have been explained to your satisfaction.
• You are the parent, legal guardian, or responsible adult providing consent on behalf of the participant.

• You are legally permitted to provide informed consent for the participant.
• You understand that you (and your child, ward, or dependent) can ask questions, or report concerns, at any time.
• You understand that their participation in this research is voluntary.
• You understand that you, or they, may stop participating at any time without penalty. Also, there will not be any loss of benefits to which they (or you) are otherwise entitled.

[Insert signature spaces:

 I. For In*-Person Consent*: Insert lines for name of child, ward or dependent. Also, include lines for the signature, and printed name, of the person supplying consent. Finally, include a line for the date.

**Printed Name of Child, Ward or Dependent**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Person Providing Informed Consent** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For *Online*-Consent, please insert something like the following:

“Your selection below will serve as your “digital signature.”

**A. I AGREE to provide consent for my child, ward, or dependent to participate in this research.**

**B. I do NOT agree to provide consent for my child, ward, or dependent to participate in this research**”]