**TEMPLATE COMBINED PARENT PERMISSION/ADULT CONSENT FORM – SOCIAL-BEHAVIORAL**

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 UNIVERSITY OF CALIFORNIA AT BERKELEY

**PARENT PERMISSION AND ADULT CONSENT FOR PARTICIPATION IN A RESEARCH STUDY**

***Title of Study***

*[If applicable, designate sub-group after study title, e.g., "Parents"]*

**Key Information\***

* You and your child, with your permission, are being invited to participate in a research study. Participation in research is completely voluntary.
* The purpose of the study is to [*one sentence explanation of why*].
* The study will take a total of [*total time commitment*] for you and [*total time commitment]* for your child.
* You will be asked to [*one sentence explanation of study procedures*].
* Your child will be asked to [*one sentence explanation of study procedures*].
* Risks and/or discomforts may include [*list possible risks and/or discomforts*].
* There is no direct benefit to you or your child [or l*ist possible direct benefits*]. The results from the study may [*one sentence explanation of societal benefits of study*].
* [*If applicable, list appropriate alternative procedures or courses of treatment*].

*\*Key information is required for consent forms over two pages in length, where a page is one side of a standard 8.5x11 inch document.*

**Introduction**

My name is \_\_\_\_\_\_\_\_\_\_. I am a *[student/ professor]* in the Department [*or* School] of \_\_\_\_\_\_\_\_\_\_ at the University of California, Berkeley. I am doing a research study [*or if student:*  I am working with my faculty advisor, Professor\_\_\_\_\_\_\_\_\_\_, on a research study*]*. We invite you and your child, with your permission, to participate (be "participants") in this study.

Before you and your child decide whether to participate in this study, it’s important for all of you to understand why we’re doing the research and what’s involved. Please read this form carefully. *[If the child is 7 years of age or older:* Your child will receive their own assent form.*]* We encourage you to discuss the study with your child. If you or your child has questions about the research, feel free to ask us.

**Purpose**

*[Give brief explanation of why study is being done, using one or two sentences written in clear language understandable to the target population. Include reason why the parent and their child are being invited to participate.]*

We are doing this study to find out more about how *[explain study purpose].* We are inviting you and your child to participate because *[specify reason why parent-child pair is being recruited for study participation, e.g., “you indicated your interest in participating and your child is within the age range* *for this study].* *[For school-based research:* This study is not part of your child’s schoolwork, and it will not be graded.]

**Procedures**

*List all study procedures/activities in chronological order, using bulleted format. Indicate location where procedures will take place (e.g., in a research lab or other setting), and amount of time for each procedure. Also note total amount of time required for study participation. See examples below.*

If your child decides to participate and you give your permission, we will ask your child to:

* Answer a questionnaire

*Your child will be asked to complete a questionnaire on the computer about [themes, types of questions]*. *This part will take about* **\_\_\_** *[minutes/hours]*.

* Watch a video

*We’ll ask your child to watch a video about [short description of video]. After watching the video, we’ll ask your child questions about [themes, types of questions].* *This part will take about* ***\_\_\_*** *[minutes/hours]*.

*Your child can take a short break before the next part if he/she wants to.*

* Play a game

*We’ll ask your child to play a computer game about [short description of game]. This part will take about* ***\_\_\_*** *[minutes/hours]*.

If you decide to participate, we will ask you to:

* Fill out an online survey

*If you agree, we will ask you to fill out an online survey about [themes, types of questions]. This part will take about* ***\_\_\_*** *[minutes/hours].*

* Be interviewed with audio recording

*We will ask you to participate in an audio-recorded interview that will involve questions about [themes, types of questions]. The interview will last approximately \_\_\_ [minutes/hours]. With your permission, we will also audiorecord the interview. The recording is to accurately capture the information you provide. If you choose not to be audiorecorded, we will only take notes. If you agree to being audiorecorded but feel uncomfortable at any time during the interview, we can stop the recording or stop the interview at your request at any time.*

**Study time**:Your child’s participation in this research will take about \_\_\_ *[minutes*/*hours]*. Your participation in this research will last approximately **\_\_\_** *[minutes*/*hours]*.

**Study location:** All study procedures will take place at \_\_\_\_\_\_\_\_\_\_\_. *[If different procedures will take place at different locations, specify accordingly]***.**

**Alternatives**

[*Include this section if research intervention occurs during regular school hours. In such cases, an alternate, supervised activity (taking the same amount of time and approximate effort) must be available for children who do not wish to participate in the study, or when parental permission is not given. The alternate activity should be worked out ahead of time with the classroom teacher. This should be conveyed in the form, e.g.:]*

If you do not give permission for your child to take part in the study, or if they do not wish to participate, your child’s teacher will give them a different activity to work on *for the parts of the study during school hours*. [*Insert brief description of alternate activity.*] It will take about the same amount of time as the research activity.

**Benefits**

*[Explain possible benefits of the study, both direct/individual (if there are no direct benefits, make this clear), and indirect/general benefits to society or scientific knowledge, e.g.:]*

There is no benefit to you or your child personally for taking part in this study. However, we hope that the results of the research will help *[explain potential societal benefits and/or benefits to scientific knowledge]*.

**Risks/Discomforts**

[*List possible risks/discomforts, using bulleted format. See examples below.*]

* Your child might get bored or tired and decide that they do not want to complete the study activities. If so, your child can just tell us that they want to stop.
* Some of the research questions may make you uncomfortable or upset. You are free to decline to answer any questions you don't want to, or to stop participating at any time.
* *Breach of Confidentiality*: A possible risk for any research is that confidentiality could be compromised, that is, people outside the study might get hold of confidential study information. We will do everything we can to minimize this risk.

**Confidentiality**

*[This section should follow guidance under "Confidentiality" in the* [*CPHS Template Consent Form – Social Behavioral Study*](http://cphs.berkeley.edu/CF-Template_SocBehav.docx)*. For example:]*

We will keep your and your child's study data as confidential as possible. If we publish or present results of this study, we will not use individual names or other personally identifiable information.

To help protect confidentiality, we will... [*Explain security measures to be taken for data, samples, recordings, etc.—such as storage, coding, encryption, limited access to study records— in appropriate language for parent population*.]

[*If data/records will be destroyed, state when; if they will be retained, explain for how long and why, e.g.:*] We plan to keep this information for \_\_\_ years, in case we or other researchers want to use it later for other studies. But we will follow the same steps we just described to keep it as confidential as possible. [*If photographs, audio or video recordings will be retained for future use, see sample* [*Media Records Release Form*](http://cphs.berkeley.edu/CF-Sample_MediaRecordsReleaseForm.docx).]

***[If the research involves the collection of identifiable private information****, one of the following is required:*

Identifiers might be removed from your and your child’s research data. After such removal, this data could be used for future research studies or distributed to other investigators for future research studies without additional informed consent from you, your child, or a legally authorized representative.

--OR--

Your and your child’s information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.*]*

Authorized representatives from the following organizations may review your and your child’s research data for purposes such as monitoring or managing the conduct of this study:

* Sponsor [*List Sponsor(s), as applicable*]
* National Institutes of Health [*remove if this is not an NIH-funded study*]
* University of California

**Compensation/Payment**

[*If no payment*:] You/Your child will not be paid for being in this study. [*Or if payment*:] You/Your child will receive [*e.g., amount of money, gift cards with their value*] as a thank-you for the time and effort to take part in this study. [*Briefly explain how/when compensation will be dispersed.*]

Rights

***Participation in research is completely voluntary****.* You have the right to decline to allow your child to participate or to withdraw your child at any point in this study without penalty or loss of benefits to which you are otherwise entitled. Your child has the same rights to decline to participate or withdraw from the study at any time.

You are also free to decline to take part in the project. You can decline to answer any questions and are free to stop taking part in the project at any time. Whether or not you choose to participate in the research and whether or not you choose to answer any questions or continue participating in the project, there will be no penalty to you or loss of benefits to which you are otherwise entitled.

**Questions**

You and your child can ask questions about this study at any time, now or later. You can talk to me, *another researcher on our team, or someone else* at any time during the study. You can contact me, *[PI and/or student investigator's name]*, at ***510-000-0000*** or ***email@xxxx.xxx***. *Or you can contact [other research team member's name] at* ***510-000-0000*** *or* ***email@xxxx.xxx***.

If you have any questions or concerns about your or your child's rights and treatment as research participants, you may contact OPHS, the office of UC Berkeley's Committee for the Protection of Human Subjects, at 510-642-7461 or subjects@berkeley.edu*.*

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**PARENT PERMISSION AND ADULT CONSENT**

If you agree to participate in this study, and if you decide that your child\* may participate in this study, ***please sign and date below***. We will give you a copy of this form to keep for future reference.

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

\*Child Participant Name (*please print*)

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian Participant Name (*please print*) Date

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

Parent/Guardian's Signature Date

[***If both parents are required to sign, add second set of signature and date lines here.***]