**Informed Parental Consent**

For Research Project Entitled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auburn University at Montgomery

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parents,

You child has been invited to participate in a study of *(state what is being studied*).

**Research Purpose & Procedures:**

We hope to learn (*state what the study is designed to investigate*). Your child was selected as a possible participant because (*state why the respondent was selected*). If you decide to allow your child to participate, (*I/we*), (*name and title of the investigators and associates*), will (*describe procedures to be followed, including purposes, how long they will take, location, and their frequency*).

The entire project will only require \_\_ minutes per (provide time frame) scheduled for

\_\_\_\_\_\_ (provide date). Your child will not leave the classroom for any activity.

**Risks and Benefits:** there is a risk of breach of confidentiality. However, we will take appropriate steps to assure privacy of these records. To reduce the possibility of a breach of confidentiality with grades and information; when I turn my work into AUM I will change all of my students’ names to protect their privacy.

* I will be happy to share the results of our project with you when the study is complete.

We may try to get our project published in a teacher journal. Also, I may also get to present my work at teacher conferences such as the (name of the conference, etc) But, even if I do, I will still keep all names changed in any journal or presentation.

* You or your child will not receive any money for participating. There will be no cost for your child to participate in this project.

**Participation is voluntary**:

* If you first give me permission to include your child in our projects and later change your mind that is fine. Just let me know and we will remove their information.
* If your child does not wish to participate, there will be no pressure to continue.
* Your relationship with the school will not be affected now or in the future by your decision.

**Contact Information:** If you have any questions please let me know, at your name@email.edu or (334) ###-####. If you have questions about your child’s rights as a participant you may contact Debra Tomblin (Research Compliance Manager) at AUM 334.244-3250 or dtomblin@aum.edu.

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

Teacher’s name, School

Please indicate whether or not you wish to allow your child to participate in projects by checking one of the statements below. Sign your name and return this page to school. I will make you a copy of this letter and return it to you.

\_\_\_\_\_ I grant permission for my child to participate in my AUM project.

\_\_\_\_\_ I do not grant permission for my child to participate in my AUM project.

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

Signature of Parent/Guardian print Child’s name

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_