

## PARENT/GUARDIAN CONSENT FORM

A brief letter in clear, plain language should include the following information:

1. An introduction which includes specific and detailed information about the researcher and the research.
2. Information about the nature of the involvement of the student(s) {e.g., one half-hour of class time to complete a questionnaire}.
3. When the study will take place.
4. Samples of questions similar to those to be used with the student(s) {to guarantee that consent is **"informed"** consent}.
5. A statement indicating assurance that a student may discontinue from participation at any stage of the research.
6. Assurance that the study has been approved by the District School Board of Niagara and the school's Principal.
7. A guarantee of confidentiality of individual results.
8. That the Principal has the telephone number of the researcher should parents wish further information.
9. An appreciation extended to parents for consideration of the request.
10. A tear-off portion to be signed by a parent/guardian and returned to the researcher through the school by a specific date (or, should space be limited, a second page to be returned).

On page 2 is a sample of a parental/guardian consent letter which may provide a model for researchers as they design parental consent forms.

ADMINISTRATIVE PROCEDURE



**SAMPLE LETTER AND CONSENT FORM**

Dear Parent(s)/Guardian(s):

I am a graduate student at the University of { Insert Name } and I am conducting a study that looks at children's problem solving in academic and social situations. A child's approach to solving problems affects all aspects of her/his life both in and outside of school. I hope that this project will lead to a better understanding of how children solve problems, and how solving problems in school-like tasks relates to solving problems with friends. I would like to include your child in the study.

In three half-hour sessions during April, I will ask children to arrange short stories into similar categories, and to describe their reasons for doing this. This is an enjoyable activity that is also a thinking and learning experience. I am interested in the information children use to do this task. In finding out this information, I will ask questions such as: Please use a ✓ to indicate ways that you identified the categories used to group the stories.  I thought back to something I had learned in a subject at school.  I asked a classmate.  I asked the teacher.  I referred to some subject notes or a textbook.  I gave up and made up some categories.  Other. I will also look at each child's general academic skills and their friendships by asking how much they like to be with their classmates at school. Your child's responses will not be identified by name and I will not use information from school records.

This study has been approved by the District School Board of Niagara and your child's school Principal. When the study is complete, a report on the findings will be available to interested parents/guardians in the school library.

Please complete the form at the bottom of this letter and return it to your child's teacher by { Insert Date }. On the testing day, if your child is shy or unwilling, s/he will not be made to participate.

I sincerely appreciate your co-operation. If you would like to receive more information about the study, please contact me or my Professor/Sponsor at { Insert Name and Contact Information }

Thank you.

Jane Doe  
Graduate Study Department of Psychology University of { Insert Name }



**CONSENT FORM**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

- I give permission for my child to participate in the University of { } study conducted by {Jane Doe}.
- I do **NOT** give permission for my child to participate in the University of { } study conducted by {Jane Doe}.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO YOUR CHILD'S CLASS TEACHER BY { Insert Date }**