**ROOSEVELT UNIVERSITY**

**Consent for Child to Participate in Research**

**Project Title:**

**Principal Investigator(s):**

**Purpose of Research:** The purpose of this research study is [indicate purpose].

**Description of Participation:** Your child has been invited to participate because [indicate inclusion criteria]. If you agree for your child to participate in the research study, your child will be asked to [indicate participation]. Your child’s involvement in the study may total [time period]. The understanding is that your child’s responses are captured in an appropriate way but only if you check the box that indicates your consent.

I give my consent for my child to participate in the research study, be audio-recorded, and video-recorded.

I give my consent for my child to participate in the research study, but I do not want my child to be audio-recorded.

I give my consent for my child to participate in the research study, but I do not want my child to be video-recorded.

I give my consent for my child to be re-contacted in the future if needed.

**Risks:** Your child may feel uncomfortable participating in the interview or being audio-recorded or video-recorded, or by the presence of the investigator. To minimize these risks, the investigator will do whatever your child is comfortable with and whatever is possible in order not to disrupt daily activities while conducting observations. In addition, you and your child will be explained the extent of participation. All information obtained will be used exclusively for the research study explained in this document. All the information from the study will be protected and will not be shared in any way that would reveal your child’s identity without obtaining your permission.

**Benefits:** There is no direct benefit to participants in this study; however, through your child’s participation in this study, you will [indicate benefits].

**Costs and Compensation:** Aside from your child’s time, there is no cost for taking part in the study. Your child will not be compensated monetarily for participation in this study.

**Confidentiality:** All original data like field notes and audio files will be locked in a cabinet and electronically protected with a password. This consent form will be filed in a locked cabinet in the principal investigator’s locked office. Information about your child will be completely private and will not be shared in any way that would reveal your child’s identity without receiving consent from you.

**Whom Can I Contact For More Information?**

For more information about the research study or to express complaints or concerns about the study, you can call the Principal Investigator [Name] at [Phone #]. For questions about rights as a research subject; or if you have questions, complaints, or concerns about the research and cannot reach the Principal Investigator or want to talk to someone other than the Investigator, you may call the Roosevelt University Institutional Review Board at (312) 341‐2449.

**Consent Statement**

The procedures, risks, and benefits of the study have been explained to me, and I agree for my child to be in this study. I am aware that my child’s participation is voluntary and that my child may withdraw from the study at any time. Participation or withdrawal from the study will not affect any other relationship that my child or I have with [employer etc.] or with Roosevelt University. I understand that my child’s responses will be maintained in an appropriate and confidential manner. All of my questions have been answered. I can ask more questions at any moment. I am not giving up any legal rights or the legal rights of my child by signing this form. A copy of this entire, signed consent form will be given to me.

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Participant Signature Printed Name Date

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