All consent letters should be printed on School/Division/Departmental letterhead OR clearly state your affiliation with School/Division/Department within the first paragraph.

- *All consent forms should include VCSU IRB Contact Information: mail (101 College Street SW, Valley City, North Dakota 58072), email (gregory.carlson@vcsu.edu), and telephone (701) 845-7480.

**SAMPLE ONE – LETTER OF CONSENT FOR PARTICIPANT**

You are invited to participate in a study of (state what is being studied). I hope to learn (state what the study is designed to discover or establish). You were selected as a possible participant in this study because (state why and how the subject was selected).

If you decide to participate, I (or:___________ and associates) will (describe the procedures to be followed, including their purposes, how long they will take, and their frequency. Describe the discomforts and inconveniences reasonably to be expected, and estimate the total time required. Describe the risks reasonably to be expected, and any benefits reasonably to be expected.)

(Describe appropriate alternative procedures that might be advantageous to the subject, if any. Any standard treatment that is being withheld must be disclosed.) Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will not be disclosed.

(If the subject will receive compensation, describe the amount or nature. If there is a possibility of additional costs to the subject because of participation, describe it.)

Your decision whether or not to participate will not prejudice your future relationships with the (Institution or agency). If you decide to participate, you are free to discontinue participation at any time without prejudice.

If you have any questions, please ask me. If you have any additional questions later, contact _________ (give a phone number or email address). I will be happy to answer them.

You are making a decision whether or not to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

_____________________________  _______________  _______________
Name (please print)  Signature  Date

(The line below should not appear on forms that will be given to subjects consenting for themselves.)

_____________________________  _________________________
Signature of Witness (when appropriate)  Signature of Investigator
(The researcher should make appropriate changes in the wording when children are the subjects of the research.)
SAMPLE TWO – LETTER OF INTENT FOR PARTICIPANT

You are invited to participate in an experiment titled “________” conducted by _________ with permission of the School/Division/Department of ____________________ at Valley City State University under the supervision of _________. You will be asked to read a passage of text material and take a short test on this material. You also may be asked to take notes on the material or to tell another person about what you read.

The information obtained through this study should help in understanding effective ways of studying new material. The benefits you may expect to receive from participating in this study are a better understanding of the process of psychological research and increased knowledge about the effects of study techniques.

All data obtained will remain confidential. Your name will not appear on any of the test materials or be associated with individual data—all results will be reported in group format only. If one of your instructors has agreed to provide extra credit for participating in this study, only your name will be provided to the instructor to verify participation.

You are free to decline to participate or to withdraw your consent and discontinue participate at any time. There are no penalties for withdrawing, however, if you are receiving extra credit, your instructor may require an alternate activity before granting credit.

If you have any questions about this study, you may ask them before, during, or after participation.

_________________________________________  ____________________________  ____________
Name (please print)                                Signature                                      Date

(The researcher should make appropriate changes in the wording when children are the subjects of the research.)
SAMPLE THREE – CONSENT LETTER FOR PARENTS OF A MINOR

January 6, 20__

Dear Parent:

My name is__________ and I am a graduate student from the School/Division/Department of __________________ at Valley City State University. My advisor, _________________ and I would like to include your child, along with his or her classmates, in a research project on_____________. We do not anticipate any risk greater than normal life and your child may benefit from this research by learning more about____________________. If your child takes part in this project, (state activities in which child will participate, frequency, and duration). These instruction sessions will be (recorded, observed, videotaped).

Your child's participation in this project is completely voluntary. In addition to your permission, your child will also be asked if he or she would like to take part in this project. Only those children who want to participate will do so, and any child may stop taking part at any time. The choice to participate or not will not impact your child’s grades or status at school. Any (recordings, written observations, videotapes) and all other information that is obtained during this research project will be kept strictly secure and will not become a part of your child's school record. The information will be accessible only to project personnel. The information will be transcribed and coded to remove children’s names and will be erased after the project is completed.

The results of this study may be used for a ____________ (research paper, thesis, a scholarly report, journal article or conference presentation n).

In the space at the bottom of this letter, please indicate whether you do or do not want your child to participate in this project. Ask your child to bring one copy of this completed form to his or her teacher by (date). The second copy is to keep for your records. If you have any questions about this research project, please feel free to contact VCSU by mail, e-mail, or telephone.

Sincerely,

Student Advisor Phone Phone Email Email

*****************************************************************************

I DO □  DO NOT □  (check one) give permission for ____________________________
(name of child) to participate in the research project described above.

Parent’s signature ___________________________ Date ___________________________
SAMPLE FOUR - ADMINISTRATIVE PERMISSION CONSENT FORM

(Title of Proposal)

(Investigator’s name) _______________ would like to know if (state purposes of study) __________________________________________________________________________________. He/She would also like to know __________________________________________________________________________________. The results of this study will be shared with the local school districts administration and school board.

Consent Form

I, __________________________________________ have read the aforementioned information and have been informed of the purpose for the research. I hereby give my consent for ___________ to use this educational institution (_________________________) for his research study. I have been informed and understand that:

• All data collected will be kept secure and private.
• The identities of the research participants will remain anonymous.
• The data collection procedures will include classroom observations, questionnaires for students and teachers, and interviews with six students and some of the elementary teachers.
• The research will take approximately three weeks to complete.
• Parental consent forms will be provided before the students fill out any questionnaires or are interviewed by the research facilitator.

Signed __________________________________________________________________________________________

Dated __________________________________________