You can use the Active Parental Consent form for minor children required or recommended by your external IRB, but you must include content from all the numbered areas listed in the template below and include the specific statements MSCS requires. See the Primary Data Application User Guide for more information.

Note that TN law requires that parents provide active, written consent for their children to participate in data collection activities (e.g., surveys) for research/evaluation purposes.

The *italicized text* is sample language you can use. Insert your specific details in place of the bracketed comments in blue and in the IF NEEDED sections. You may add additional information that is required or recommended by your external IRB committee.

Tips:

- Do not assume that this example template covers all the information needed for your study.
- You must modify the content to be applicable to your study.
- Adjust formatting as needed.
- Remember to remove these instructions and the guidance, highlighting, blue font, brackets, and the words "IF NEEDED" from your drafted consent form. Also, remove the IF NEEDED statements that do not apply.

Active Parental Consent Form for Student Participation

1. Introduction

*My name is **[first and last name]**, and I am a **[job title]** in **[university, research institute, or organization name]** working on a research/evaluation project for **[funder, sponsor, grant name]**. We are doing research/evaluation on* **[project title or project focus].**

The school principal and District have agreed that I can do the research/evaluation project at your child's school. You are receiving this information because I would like your children to participate in this research study and need your permission for them to do so.

Before you and your children decide whether they will be part of this study, it is important for all of you to understand why we are doing this research/evaluation and what is involved. Please read this form carefully. **[If applicable, add: *Your child will receive his or her own assent form before the study begins.]*** *We encourage you to discuss the study with your*

children. If you or your children have questions about the research, please feel free to ask me.

2. Why are we doing this study? (Purpose)

Include a brief explanation of the study, why it is being done **[for research study, program evaluation, grant reporting activity, etc.]**, and who is sponsoring/funding it, using a few sentences written in clear language understandable to the target population. Note that the study activities are not part of their school work and will not be graded.

Our study team is receiving **[financial support OR describe other type of support]** from **[insert sponsor/funder name]** *to conduct the study and submit a report to them* IF NEEDED ***and to*** **[other sponsor or funder names*]*.**

Only grouped/aggregated results will be shared in a **[report, presentation, etc.]** *with* **[internal program staff, grant funders, board of directors, MSCS District leaders, and/or MSCS school principals]** *for internal use only, and no student names or personal identifiers will be released.* **[Describe any other APPROVED reporting outlets.]**

3. Why is your child being asked to be in this study? (Student Eligibility)

Provide a description of what student characteristics are needed to be eligible to participate in the study and explain why their child is eligible and invited to participate. Also include an estimate of how many students and schools will participate in the study.

Your child is invited to participate in the study because they are **[eligibility criteria].** *About [number] students from* **[number of schools or the District]** *will be in this study.*

4. What will children do in this study? (Study Procedures)

Include a description of what student participation in the study entails. List the methods/activities the students will be asked to do. Provide specifics about time commitment, study duration, and meeting times and places. Indicate the location where procedures will take place (e.g., online, at school, or other setting), and the amount of time for each procedure. Also note total amount of time required for study participation.

For students whose parents give permission, we will ask them to participate in **[data collection activities]** *outside of instructional time*. **[Add exceptions for class observations or other APPROVED data collection that must take place during the school day]**

You can view the **[research instrument (e.g., survey questions)]** *before giving consent by* **[include electronic links or explain where they can access hard copies at the school].**

IF NEEDED, include that the interview/focus group will be audio recorded and make clear whether they can participate in the study if do not consent to being recorded.

IF NEEDED, include what data will be provided by MSCS RPM (i.e., if you are requesting secondary data)

IF NEEDED, if data collection is approved by the principal to occur before or after school, state that you are asking parents to also allow their children to be at school those times and to agree to make transportation arrangements for their children.

5. What risks or discomforts might children experience? (Risks and Discomforts)

In this section include any potential risk or discomfort, and how those risks will be addressed if they arise (e.g., breach of confidentiality). If you believe there are no risks involved, since there is never a guarantee, state that there are "no known risks."

6. What are the potential benefits of this study? (Potential Benefits)

Include an explanation about potential benefits of the study, for participating in the study, both direct/individual (if there are no direct benefits, make this clear), and indirect/general benefits to society or scientific knowledge.

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 improve knowledge/ways of….]** *in the future].*

7. How will the data collected be protected and stored? (Confidentiality)

In this section let the participant know the degree of personal information being collected and how you will secure and protect the disclosure of individual names/personally identifiable information and/or other data collected in this study. Explain security measures (e.g., storage, coding, encryption, and limited access to study records) you will take for the data collected.

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.]**

8. **How will the findings be shared and used? (Data/Findings Use)**

No student names or personal identifiers will be shared. Only grouped/aggregated results will be reported to **[internal program staff, grant funders, board of directors, MSCS District leaders, and/or MSCS school principals]** *for internal use only.* **[Describe any other APPROVED reporting outlets.]**

No data or findings will be made public that identify MSCS, schools, or individual participants by name. **[Add other APPROVED presentation/publication plans here].**

9. **Will children receive an incentive/compensation for taking part in this study? (Compensation)**

In some studies participants will receive some type of compensation. This could be in the form of money, gift cards, or items. In this area you must state if there is, or isn't, compensation. If so, explain in what form and when it will be issued.

If no payment, add: *You and your child will not be paid or receive any other compensation for being in this study.*

Or if payment, add: ***You and/or 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.]**

10. **What are my child's rights if they take part in this study? (Voluntary Participation and Withdrawal from the Study)**

Parents need to be made aware that their children do not have to participate in the study, and that it is fully voluntary. They also need to know that they and their children can withdraw at any point without penalty. Inform parents that If they or their children decide not to participate it will not affect any relationships they have with the researcher and/or their position and opportunities in MSCS.

In this section you can put in a withdrawal process, such as they need to inform the research(s) in writing. Additionally, if appropriate to the study, if data has already been collected, they can be informed that anything collected prior to withdrawal will be included in the study.

Participation in research is completely voluntary. *If you or your child does not wish to participate you will not be penalized in any way. Your child's class instruction and grades will not be affected. Additionally, if you and your child do agree to participate, he or she may stop at any time without penalty. If you decide to withdraw from the study, please inform the researcher using the contact information listed below.*

11. IF NEEDED What other choices are there if I don't want my child to take part in this study?

If data collection has been approved to occur during the school day, provide an assurance that a student who does not have parental consent or decides not to participate will be given another activity/assignment that does not penalize (e.g., extra graded work) or reward (e.g., allowing students to leave class).

Describe any appropriate alternative procedures or activities that students might do and explain how it will be implemented.

If you decide not to let your child take part in this study, they will still take part in the routine classroom activities as they would on a normal day. The classroom teacher will still teach all students the daily lessons but no information about them will be collected or shared with the researchers.

12. Who can answer my questions about this study and participant rights? (Questions)

You and your child can ask questions about this study at any time, now or later. You can talk to me or my research/evaluation team at any time during the study. You can contact

me, **[your name]**, *at* **901-000-0000** *or* **email@xxxx.xxx**. *Or you can contact my team* **[main contact's name]** *at* **901-000-0000** *or* **email@xxxx.xxx**.

If you have any questions or concerns about your child's rights and treatment as a research subject, you may contact **[list the IRB/Human Subjects Protection office at your university or organization, phone, and email]**.

13. **Parent or Legally Authorized Representative Consent (Consent Statement and Agreement)**

Include a statement and a way for parents to acknowledge that **do OR do not** voluntarily agree for their children to participate in the study and IF NEEDED be audio recorded. Provide a place for them to print and sign their name and enter a date. State that you will give them a copy of the completed form or a way to save an electronic one.

Make sure you understand what the study is about before you check a participation box and sign below. You will receive a copy of this document for your records. If you have any questions about the study after you sign this document, you can contact me and the study team using the information provided above.

Please check ONE of the boxes below:

☐ *I agree for my child to take part in this study [*IF NEEDED ***and to being audio recorded].***

☐ *I DO NOT agree for my child to take part in this study [*IF NEEDED ***and to being audio recorded].***

Please sign and date below.

_____
**Child Participant Name (please print)*

_____ _____
Parent/Guardian's Name (please print) *Date*

_____ _____
Parent/Guardian's Signature *Date*