

**Parental/Guardian Consent: Comparison of Two Ways of Teaching Grammar**  
**[Authorized by the CSUB Institutional Review Board: Protocol xxx]**

**Why are you doing this study?**

You are being asked to participate in a research study about ....  
The purpose of the study is ...

**[Explains the purpose of the study]** Your child's teacher, Ms. xxx, is doing research for her MA Culminating Project at CSUB. These results might also be presented at professional meetings or published in an article.

**What will I do if I choose to be in this study?**

You will be asked to [explain what the participant will be asked to do].

**[Explains what participating will be like and time involved]** This form asks permission to use your child's data for her research. Ms. xxx used two methods of teaching grammar and gave similar tests after each. This consent is to use your child's scores on those tests for research purposes.

**How will you protect the information you collect about my child, and how will that information be shared?**

Results of this study may be used in publications and presentations. Your study data will be handled as confidentially as possible. If results of this study are published or presented, individual names and other personally identifiable information will not be used [if appropriate, add phrase such as "unless you give explicit permission for this below"].

**[Addresses participant confidentiality]** The scores for your child will be coded by an identification number and not listed by name. Your child's name will not appear in any reports. The data will be kept in a locked cabinet. The written report will contain only summary statistics.

**Your child's rights as a research participant?**

Participation in this study is voluntary. Your child can stop participating at any time without loss of any benefits.

**[Emphasizes voluntary participation]** You are completely free to choose whether or not to grant permission for use of your child's scores. If you decide not to grant permission, this will not affect my evaluation of your child in my class, including any of his/her grades or privileges.

**What are the possible benefits for my child or others?**

Your child is not likely to have any direct benefit from being in this research study. This study is designed to learn more about [insert purpose/topic of study]. The study results may be used to help other people in the future.

[Do NOT include information on payment/reimbursement in the description of benefits – that information belongs in a separate Financial Information section.]

**[States benefits of the study]** This study is not designed to provide direct educational benefits to the participants. However, it might result in more effective ways to teaching grammar in the future.

**What are the possible risks or discomforts?**

Explain any foreseeable risks to subjects here. Keep in mind that risks are not always immediate -- anger, emotional upset, or stress may appear later.

*Parental/Guardian Informed Consent Form [annotated]- Example #2*

Address emotional and psychological risks, including risks of emotional discomfort from being asked about or discussing sensitive issues.

As with all research, there is a chance that confidentiality of the information we collect from you could be breached – we will take steps to minimize this risk, as discussed in more detail below in this form.

**[States risks of participating in the study]** There are no costs to the participant beyond those normally found in the classroom, such as anxiety about test performance or boredom.

**Financial Information**

Participation in this study will involve no cost to you. You will not be paid for participating in this study.

OR

[If subjects will be paid, explain the amount and terms of payment/reimbursement. If payments will be prorated if a subject withdraws from the study, explain the conditions for payment]

If payment to the research participant will total \$600 or more, you need to include the following paragraph: Payment received for participation in research is considered taxable income by the Internal Revenue Service

(IRS). If payment to a research participant is \$600 or more in any one calendar year, the University of Chicago is required to report this information to the IRS. You will need to provide the researchers your address and Social Security number for IRS reporting purposes.

**Who can I contact if I have questions or concerns about this research study?**

If you have questions, you are free to ask them now. If you have questions later, you may contact the researchers at [add your contact information, including name, telephone number, and email address].

If you have questions about this research project, or would like a summary of the results, please contact:

**[Student's contact info]**

**[Faculty Mentor's contact info]**

If you have questions or concerns about your child's rights as a research participant, please contact

Dr. Marianne Wilson  
University Research Ethics Review Coordinator for Human Subjects  
Psychology Department  
California State University, Bakersfield  
9001 Stockdale Highway  
Bakersfield, CA 93311  
Phone: 661-654-2075  
mwilson52@csu.edu

Your signature below indicates that you have read and understood this form, that you have been given an extra copy of this form to keep and agree to allow your child's data to be used for research purposes. The informed consent forms will be stored for a period not less than 3 years in a locked container for at least 3 years in the office of the Faculty Mentor, and thereafter will be destroyed.

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