Consent to Participate in a Research Study
<TITLE OF YOUR STUDY>

Dear Parent or Guardian,

I am currently enrolled in a master's degree program at Saint Xavier University. This program requires me to design and implement a project on an issue that directly affects my instruction. I have chosen to examine <TOPIC OF STUDY>.

The purpose of this project is <PURPOSE AS IT RELATES TO YOUR TEACHING>. It may help your student <WHAT STUDENTS MAY GAIN FROM PARTICIPATING>.

I will be conducting my project from <DATES>. The activities related to the project will take place during regular instructional delivery. <CLEARLY STATE THE NATURE AND DURATION OF THE SUBJECT'S PARTICIPATION IN THE RESEARCH STUDY. DESCRIBE THE PROCEDURES EMPLOYED BY THE STUDY, STATE ANY PHYSICAL REQUIREMENTS, AND INDICATE AS ACCURATELY AS POSSIBLE THE VOLUNTEER'S ANTICIPATED TIME COMMITMENT TO THE PROJECT (IF OUTSIDE THE SCHOOL DAY OR AS IT RELATES TO PARENT PARTICIPATION).> The gathering of information for my project during these activities offers no risks of any kind to your child.

Your permission allows me to include your student in the reporting of information for my project. All information gathered will be kept completely confidential, and information included in the project report will be grouped so that no individual can be identified. The report will be used to share what I have learned as a result of this project with other professionals in the field of education.

Participation in this study is completely voluntary. You may choose to withdraw from the study at any time. If you choose not to participate, information gathered about your student will not be included in the report.

If you have any questions or would like further information about my project, please contact me at <CONTACT INFORMATION>.
If you agree to have your student participate in the project, please sign the attached statement and return it to me. I will be happy to provide you with a copy of the statement if you wish.

Sincerely,

YOUR NAME

PLEASE RETURN THE ATTACHED STATEMENT TO ME BY <DATE>.
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I, ______________________________, the parent/legal guardian of the minor named below, acknowledge that the researcher has explained to me the purpose of this research, identified any risks involved, and offered to answer any questions I may have about the nature of my child’s participation. I freely and voluntarily consent to my child’s participation in this project. I understand all information gathered during this project will be completely confidential. I also understand that I may keep a copy of this consent form for my own information.

NAME OF MINOR:_____________________________
________________________________________________________________________

Signature of Parent/Legal Guardian ____________________________________________ Date