

INFORMED CONSENT
Parent/Legal Guardian-Opt Out
(TITLE of STUDY)

My name is (YOUR NAME), and I am a (YOUR ROLE) at the Cal Poly Humboldt (SCHOOL AND/OR DEPARTMENT). I am conducting this research study to (EXPLAIN PURPOSE OF RESEARCH AT AN 8TH GRADE READING LEVEL). If your child volunteers to participate, your child will be asked to (PARTICIPANT PROCEDURES EXPLAINED ADEQUATELY AT AN 8TH GRADE READING LEVEL). Your child's participation in this study will last (DURATION, IN DETAIL. PROVIDE THE # OF HOURS PER SESSION, # OF SESSIONS PER PARTICIPANT, ETC.).

Your child's participation in this study is voluntary. Your child has the right not to participate at all or to leave the study at any time without penalty or loss of benefits to which your child is otherwise entitled. There are (SOME or NO) possible risks involved for participants. These risks are (DESCRIBE RISKS). There are (SOME OR NO) benefits to this research, particularly that (STATE BENEFITS TO SUBJECTS OR SOCIETY (MOST RESEARCH DOES NOT RESULT IN DIRECT BENEFITS TO THE PARTICIPANT)).

(IF APPLICABLE, describe withdrawal procedures and whether data can or cannot be removed once collected.) (INCENTIVES/COMPENSATION, IF APPLICABLE): State if an incentive will/will not be offered for participating in the study. If you are offering an incentive or compensation, such as gift cards or test results, explain what the incentive is and the requirements for receiving the incentive. Can the participant leave the study early or must they complete the study to receive the incentive? You must state how and when they will receive it.

It is anticipated that study results will be shared with the public through presentations and/or publications. Any information that is obtained in connection with this study and that can be identified with your child will remain confidential and will be disclosed only with your permission. Measures to insure your child's confidentiality are (1. HOW WILL IDENTITIES BE PROTECTED DURING REPORTING OF RESULTS? 2. DATA STORAGE PROCEDURES and 3. DE-IDENTIFICATION PLAN). Raw data containing information that can be identified with your child will be destroyed after a period of (HOW LONG WILL YOU KEEP IDENTIFIERS ON THE RAW DATA?) after study completion. The de-identified data will be maintained in a safe, locked location and may be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you. (IF YOU PLAN TO DESTROY DE-IDENTIFIED DATA, STATE HERE HOW LONG IT WILL BE MAINTAINED UNTIL DESTROYED.)

If you have any questions about the research at any time, please call or email me at (YOUR CONTACT INFO), (or (ADVISOR NAME AND CONTACT INFO)). If you have any concerns with this study or questions about your rights as a participant, contact the Institutional Review Board for the Protection of Human Subjects at irb@humboldt.edu or (707) 826-5165.

This is an 'opt-out' informed consent process. If you do not want your child to participate in this research, please contact the researcher at (YOUR CONTACT INFO). If you give your consent for your child to participate, you do not need to do anything. Your child will be asked separately if they would like to volunteer to participate. If they agree to participate, they will be enrolled in the study. Participation indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.