

SAMPLE Parental Consent Form for Child to participate in Research Study

**College of Education
San Francisco State University
1600 Holloway Avenue
San Francisco, CA 94132**

Title of Research: Special Education Student's Attitude/School Performance

Name of Principal Investigator/Primary Researcher: Student Researcher Name

Phone Number of Principal Investigator/Primary Researcher: 999-999-9999

Name and Phone Number of Committee Members: Dr. Certo, 415-338-9999

Dr. Schuler, 415-338-9999

A. Purpose and Background

Under the supervision of Dr. Schuler, Professor of Special Education at San Francisco State University, **Student Researcher Name**, a graduate student in research of Special Education is conducting research on students' attitudes about their special education placement and school performance. The purpose of this interview is to help the researcher study students' attitudes about being placed in Special Day Class and how it relates to school performance.

B. Procedures

If I agree for my child to participate in this research study, the following will occur:

1. My child will be asked to fill out an attitude rating scale, 1 time during the first school week of October 2002. The attitude rating scale is a list of 17 questions relating to how they feel about school. They will answer: 1 strongly disagree to 5 strongly agree. They can answer anywhere on a scale. 1,2,3,4,5. It should take about 30 minutes. They will be pulled out of their SDC class to participate in this study. They will be allowed to do makeup work if necessary. Make up work will be done during classroom free time period, which is conducted weekly. If the student prefers, they can come before school, during lunch or after school for make up work in **Mr. Teacher's** classroom. The teacher, **Mr. Teacher** will provide the make up work. Students also have the option to take make up work home.
2. My child will be asked to discuss their feelings about special education placement in an interview one on one with the researcher reflecting on the scale questions. (not more than 1 hour). The question will be: Why did I answer the way I did? This will be audio taped. 1 time during the second week of October 2002
3. The researcher will review your child's school academic and demographic records.
4. Participation in this study will take a total of 1 1/2hours over a period of 2 weeks in October 2002.
5. There will be no consequences if your child chooses to not participate. They will continue with their daily assignment in their SDC class.

C. Risks

Risks will include the possible loss of privacy, possible discomfort at answering some questions and inconvenience.

Confidentiality: The information gathered from this study will be kept as confidential as possible. Your child’s real name will not be used in the report and all files, transcripts and data will be stored in a locked cabinet in my, the researcher’s home, and no one except the researcher will have access to them. Your child’s name will not be used and any identifying personal information will be avoided.

D. Direct Benefits

There are no guaranteed benefits to your child.

E. Alternatives

Your child is free to choose not to participate in this research study.

F. Costs

There will be no costs to your child or you as a result of your child taking part in this research study.

H. Questions

I have spoken with **SALLY SUE** about this study and have had my questions answered. If I have any further questions about the study, I can contact **SALLY SUE** by calling **999-999-9999** or write to her at **0000 Mission St., Daly City, CA.** or contact Dr. Certo, Chair of the Committee at **415-338-9999**.

I. Consent

I have been given a copy of this consent form to keep. PARTICIPATION IN RESEARCH STUDY IS VOLUNTARY. My child is free to decline to participate in this research study, or I may withdraw their participation at any point without penalty. Their decision whether or not to participate in this research study will have no influence on their present or future status at Jefferson High School.

My child _____ has my consent to participate in the educational research study.

Student is a minor _____
(age)

Parent/Guardian: _____
(signature)

Date: _____