

**Refer to the Consent Template document for more details about what information should be included in the consent form.**

**This document should serve ONLY as an example document.**

**This example document may NOT include all of the content areas needed for your specific study.**

**Do not assume that the text is applicable to all studies. Only use the example text provided if it is applicable to your study.**

**The consent form must have a concise summary of information followed by sections with more information.**

**This example document provides sections and headings that are applicable to many studies. You may adjust the sections to fit your study or change the headings to fit your study as long as the required content is included.**

**Text in brackets [ ] represents information about your study that you should add (in plain text). Add text and remove the brackets.**

**Parent or Legal Guardian Consent for Child/Minor Participation in Research**

Title of the Project: Effects of Guided Notes on Science Scores

Principal Investigator: [Name, credentials, institutional affiliation]

Co-investigator: [Name, credentials, institutional affiliation]

Your [child/legal ward] is invited to participate in a research study. Your [child’s/legal ward’s] participation in this research study is voluntary. The information provided is to help you decide whether or not to allow your [child/legal ward] to participate. If you have any questions, please ask.

**Important Information You Need to Know**

* The purpose of this study is to find out if using a specific teaching method to teach your [child/legal ward] science will improve not only your [child’s/legal ward’s] science score but also help them learn grade-level science topics and concepts.
* Your [child/legal ward] may participate in this study if they are a 3rd grader with autism who is able to respond verbally when spoken to or asked a question.
* Children in this study will be in their normal classroom with their teacher. The teacher will be trained by the research team to use a specific teaching method called Guided Notes to teach science lessons. The Guided Notes will give instructions using pictures and short sentences to help children learn science concepts. For example, if the lesson is about the earth and land, the Guided Note will have pictures of rocks, soil, and land and ask children to choose a picture to complete a sentence (i.e. Land is made of…). The teacher will teach 6 different lessons using this teaching method and all of the sciences lessons will be video recorded.
* We do not believe that your [child/legal ward] will experience any risk from participating in this study. The science lessons will occur during normal class time and will follow science lessons that North Carolina teachers are required to teach.
* Your [child/legal ward] may benefit from using the Guided Notes but we can’t say this for sure. The information we learn may help us learn how to create lessons and tools to help students learn.
* Your [child/legal ward] will still take part in normal classroom learning and activities, even if you decide to not let them participate in this study.
* Please read this form and ask any questions you may have before you decide whether to participate in this research study.

**Why are we doing this study?**

The purpose of this study is to examine the effects of specific lessons in combination with guided notes during science instruction on students’ science scores for elementary students with autism.

**Why is your [child/legal ward] being asked to be in this research study.**

You are being asked to allow your [child/legal ward] to participate in this study because they are a 3rd grader with autism and are able to verbally respond to prompts/questions. In addition, they use this response mode consistently.

**What will children do in this study?**

Your [child/legal ward] will be asked to participate in daily science lessons their teacher during the regularly scheduled science time. The lesson will be based on steps of science inquiry and will incorporate components of direct instruction and research-based methods for teaching concepts to students with autism. This will involve your child having a science story-based lesson read to them, finding the science question being investigated, making a prediction about the science question, investigating the science materials or conducting an experiment, reporting the results, and showing what they have learned in the form of a Student Report. Information will be collected on progress from these Student Reports.

In addition, information from your child’s educational record will be used to examine if the daily science lessons improve your child’s score on End of Grade (EOG) testing. By consenting to allow your child to participate in this study, you are giving permission for your child’s EOG scores to be provided to the Investigator by the school.

The science lessons will be video recorded and these video recordings may be used later in professional trainings.

**What are the benefits of this study?**

The benefits of participation in this study are providing your child with access to the general education elementary science curriculum. This study will also provide them with the same opportunities as their general education peers in a regular science classroom, but with more explicitly-directed instruction.

**What risks might children experience?**

We do not believe that there are any risks to your [child/legal ward] because this study will occur as part of routine classroom teaching.

**How will the study information and information about my [child/legal ward] be protected?**

We will do our best to keep study data safe and confidential but we cannot make any absolute promises. The following are the ways we will protect the data. We will not use your [child’s/legal ward’s] name. Instead we will use a pseudonym (fake name) and this fake name will be used on any work (quizzes, notes, writing, etc.) children create in class. The video recordings will be shared with the research team and used for training other teachers in the future. The video recording will record the classroom which means your [child’s/legal ward’s] first name will be recorded. We will not record full names of any of the students or the teacher. Paper materials will be will be stored in a locked filing cabinet and electronic materials will be stored in a University Dropbox folder that the research team can access. Other people may need to see the information we collect about you, to make sure that we are conducting this study appropriately and safely, including people who work for UNC Charlotte and other agencies as required by law or allowed by federal regulations.

**How will information be used after the study is over?**

We will use the video recordings after the study is over to train others who may work with children with autism. For example, we may use the video as part of a professional development training for teachers, therapists, and college students. The video recordings will only be shown in these professional development/training settings and will not be used as part of research presentations nor will still images be used as part of publications.

After this study is complete, study data may be shared with other researchers for use in other studies without asking for consent again or as may be needed as part of publishing our results. The data we share will NOT include information that could identify your child.

**Will [children/legal wards] receive an incentive for taking part in this study?**

Your [child/legal ward] will not receive any payment for being in this study.

**Who is sponsoring this study?**

The study team and/or UNC Charlotte is receiving [financial support OR describe other type of support] from [insert sponsor’s name].

**What other choices are there if I don’t want my [child/legal ward] to take part in this study?**

[Describe any appropriate alternative procedures or courses of treatment that might be advantageous to the subject.]

If you decide not to let your [child/legal ward] 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. Your [child/legal ward] would not be video recorded and no other information about them would be collected.

**What are my [child’s/legal ward’s] rights if they take part in this study?**

Participating in this study is voluntary. Even if you decide to allow your [child/legal ward] to be part of the study now, you may change your mind and stop their participation at any time. You and your [child/legal ward] will not lose any benefits to which you are entitled.

**Who can answer my questions about this study and participant rights?**

For questions about this research, you may contact [PI name, email, phone (and faculty advisor if PI is a student)].

If you have questions about research participant’s rights, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the Office of Research Protections and Integrity at 704-687-1871 or [uncc-irb@charlotte.edu](mailto:uncc-irb@charlotte.edu).

**Parent or Legally Authorized Representative Consent**

By signing this document, you are agreeing to [your child’s **OR** the person’s named below] participation in this study. Make sure you understand what the study is about before you sign. 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 the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree for [my child OR the person named below] to take part in this study.

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Participant Name (PRINT)

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Parent/Legally Authorized Representative Name and Relationship to Participant (PRINT)

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Signature Date

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Name and Signature of person obtaining consent Date