

SAMPLE INFORMED CONSENT/ASSENT LETTER

Dear Parents:

I will be conducting a research project designed to study how children think and develop strategies on games. I request permission for your child to participate. The study consists of two twenty-minute sessions where children will play tic-tac-toe one day and a guessing game the next day. The goals of the study are to detail the strategies of game-playing used by children of different ages and to see how thinking strategies differ in the two games.

Each child will be invited to leave the classroom to participate in this special activity, and will accompany me only if he or she is willing to do so. Any child who expresses a desire to stop the activity or to return to the classroom will be escorted back immediately. I will conduct the sessions and my assistant will video the activity. Children's responses will be reported as group results only. Taped sessions will be used as examples of scoring procedures; however, the children will not be identified by name. The videos will be reviewed by the child's teacher and may be shown at professional conferences. To preserve confidentiality, only first names will be used to identify children. In addition to the game participation, I will need to look at the school's records to obtain the child's date of birth and scores on the Iowa Tests of Basic Skills.

Your decision whether or not to allow your child to participate in the study will in no way affect your child's standing in his or her class or school. At the conclusion of the study a summary of group results will be available to all interested parents and teachers.

Should you have any questions or desire further information, please call me at *[insert phone number.]*

Sincerely,

Jane Doe, Assistant Professor
Division of Arts & Sciences
Mountain Empire Community College

This project was approved by the Mountain Empire Community College Institutional Review Board for Human Subject Protection on *(Date)* and expires on *(Date)*.

Contact Information

If you have questions at any time about the study or the procedures, or if you experience adverse effects as a result of participating in this study, you may contact the investigator, *[John Doe, at jdoe@me.vccs.edu, or (276)523-2400.]* If you have questions about your rights as a participant, contact the Institutional Review Board Manager, Nikki Morrison, at nmorrison@mecc.edu or (276)523-2400 ext. 416.

Parent's/Guardian's Consent

I, _____, do hereby state that I have read the material and understand the above. I give permission for my son or daughter, _____, to participate in this project.

Signed (parent or guardian) _____ Date _____

It is ethically essential that your son or daughter understand exactly what will be expected of him or her and willingly agree to participate. Your child must also understand that he or she can “call it quits” at any time. Please help explain the above project and have your son or daughter sign below if appropriate.

Subject’s Assent

I, _____, voluntarily agree to play the games in this project and know that I may choose to drop out at any time.

Signed _____ Date _____

Investigator’s Statement

I, _____, certify that I have explained to this subject, in age appropriate language, the nature and purpose of this project, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to participants and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws, and promise compliance. I have answered the subject’s questions and have encouraged him/her to ask additional questions during the course of the study. I have witnessed the above signature(s) on this consent form.

Investigator’s Signature _____ Date _____