# Consent Form Template Language and Formatting

Use this type of CHILD ASSENT FORM for research projects that involve:

* Research participants who are MINORS (age 17 and under). Since minors typically may not provide informed consent for themselves, a parent/guardian needs to provide consent for the minor to participate. The researcher must get both the parental consent/permission (which is a separate document, not listed in this file), and the assent of the minor for the minor to participate.
* Curriculum or educational practice research. Research must take place in an educational setting.
* Always have two copies of the consent form for each potential participant. One signed copy is kept by the PI or research team, and the other is to be given to the enrolled participant after written consent is given.

Highlighted sentences are mandatory for all consent forms.

Be sure to enter the version number of the consent form in the footer.

**Please remove the yellow highlights and *red notes* before finalizing and submitting your consent form.**

Aloha! My name is Kainoa Researcher. I am your 9th grade science teacher at Hoku High School. I am also a graduate student at the University of Hawai’i at Manoa (UH), in the Department of Curriculum Studies. One requirement for earning my Master's degree is to do a research project. The purpose of my research project is to evaluate the impact of the New Math curriculum on the test scores of 9th grade math students. I want to assess how the New Math curriculum compares with the previous curriculum. I am asking you to participate in this research, because you are a student in a class that will be doing the New Math curriculum this semester.

**What activities will you be asked to do?**

If you agree to participate, you will not need to do anything differently. The New Math curriculum is an accepted and approved curriculum for 9th grade students. The curriculum will take about 4 weeks. Your math class meets three times a week for 1 hour per class. The curriculum will involve regular coursework, tests and quizzes. You will be one of about 60 student participants. Participation in my project means that I will have permission to use your test scores, homework and class assignments as part of my research records. If you decide not to participate, I will not use your records for my research.

**Voluntary Participation**: Participation in this research project is voluntary. You may choose freely to participate or not to participate. At any point during this project, you can withdraw your permission, stop participating without any loss of benefits. I recognize that I am the researcher in this project and, at the same time, your teacher. I assure you that your participation or non-participation in my research project will not impact your grades, or our teacher-to-student relationship at Hoku High School. I will not be upset or angry with you in the slightest, if you decide not to participate, or decide to stop participating in my research project.

**Benefits and Risks**: There will be no direct benefit to you for participating in my research project. The results of this project might help me, other teachers, and researchers improve the math curriculum for future 9th grade students. I believe there is little or no risk to you in participating in this project. There may be some risk of loss of privacy due to participation in this research.

***In-Person Research Risk:***

For the safety and protection of yourself, the research team and others, we strongly recommend that your wear a well-fitting mask that covers nose and mouth [(CDC guidance)](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html) during each research-related encounter to reduce the spread of common respiratory diseases such as the Rhinovirus (common cold), the Influenza (Flu), Respiratory Syncytial Virus (RSV), and Coronavirus Disease of 2019 (COVID-19). Members of the research team will wear a well-fitting mask that covers nose and mouth at all times. If the research will take place in a classroom setting, mask wearing is only required for the research interaction.

***Results of Research:***

*(Indicate if any test results (i.e., clinically relevant research results) will be disclosed to participants and if so, under what conditions).*

**Confidentiality and Privacy**: I will keep all the study data in a safe place. Only my University of Hawai‘i advisor and I will have access to the information. Other agencies that have legal permission have the right to review research records. The University of Hawai‘i Human Studies Program has the right to review research records for this study.

I will not record your name or any other personal information that would identify you in my research records. If you would like a copy of my final report, please contact me at the number listed near the end of this consent form.

***Future Research Studies:* (***Insert this language as appropriate***)**

After completing the course/curriculum, I will remove all identifiers from the research records. When I report the results of my research project in my typed paper, I will not use your name or any other personal information that would identify you. Instead, I will use a pseudonym (fake name) for you. If you would like a copy of my final report, please contact me at the number listed near the end of this consent form.

After removal of identifiers, the research records may be used for future research studies or distributed to another investigator for future research. We will not seek further approval from you for these future studies.

(*If planning to archive identifiable records for future research* *also refer to* [*Consent form template 468*](https://drive.google.com/file/d/0B45cs2lc9u-vZjd2WXhhbVU4Z0U/view) *future use of biospecimens for additional checkboxes that must be inserted in the Signature line section)*

***(OR)***

Even after removing identifiers, the data from this study will not be used or distributed for future research studies.

***Compensation:***

*(Describe any compensation for participation here, such as: “*You will receive a $5 gift certificate to either Starbucks or Jamba Juice for your time and effort in participating in this research project*.”)*

***Questions:***

If you have any questions about this study, please call or email me at *[insert phone number & or email address – do not use personal numbers]*. *(If this is a student project, add:* You may also

contact my advisor, *[insert name]*, at *[phone # & email address])*.

You may contact the UH Human Studies Program at 808.956.5007 or [uhirb@hawaii.edu](mailto:uhirb@hawaii.edu) to discuss problems, concerns and questions, obtain information, or offer input with an informed individual who is unaffiliated with the specific research protocol. Please visit <http://go.hawaii.edu/jRd> for more information on your rights as a research participant.

If you agree to participate in this project, please sign and date the below signature page and return it to: *(insert here)*

Keep a copy of this assent form for your records and reference.

If you assent to be in this project, please sign the signature section below and return it to \*\*\*.

**Signature(s) for Assent**:

I give permission to join the research project entitled, **(*insert title here*)***.* I have been told that I may change my mind about being in the study.

**Name of Student (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**