**Message from TC IRB to Researchers:*****BLUE*** *text equals suggestions from TC IRB and can be freely edited out.****RED*** *text is tailored for your study.* ***BLACK*** *text is standard and must be kept in the final consent form copy.*

**(GUARDIAN and/or) PARENTAL PERMISSION FORM**

**Protocol Title**: Does Math Remediation Help Children?

Subtitle if needed: Focus Group Consent or Interview Consent

**Principal Researcher**: Dr. Sigmund Freud, MD, Teachers College 212-222-2222

**INTRODUCTION** Your child is invited to participate in this research study called “\_\_\_\_\_\_\_\_\_\_\_\_.” Your child may qualify to take part in this research study because **(list your specific inclusion criteria**) they are 10 years old and are in math remediation class. **(If there are exclusionary criteria list them. If there is an issue about being in two studies concurrently include this sentence:** If you child is presently participating in another study your child can/cannot be part of this study**—otherwise delete this sentence.** Approximately twenty-five children will participate in this study and it will take 2 hours of your child’s time to complete.

The National History Teachers Foundation has provided funding for this study.

**WHY IS THIS STUDY BEING DONE? (Keep this simple and no more than two or three sentences.)** This study is being done to determine how remediation impacts children’s math learning (or whether math remediation helps children).

**WHAT WILL MY CHILD BE ASKED TO DO IF I AGREE THAT MY CHILD CAN TAKE PART IN THIS STUDY? (Describe the research procedures in chronological order and step-by-step. You can use bullet points, if appropriate, to distinguish details between study activities.)** If you decide to allow your child to take part in this study, the primary researcher or one of the research assistants will individually interview your child, ask that the child participate in a focus group session with their peers, and complete a survey.

During the individual interview your child will be asked to discuss their experience with math and their preferences when learning math. **(If there are any uncomfortable/very personal questions regarding your study, you must mention them here.)** This interview will be audio-recorded. After the recorded interview is written down the original recording will be deleted. If you do not wish your child to be audio-recorded, your child will still (or will not)be able to participate. The researcher will just take hand-notes. The interview will take approximately forty-five minutes. Your child will be given a pseudonym or false name (or de-identified code) **(choose either a pseudonym or de-identified code)** in order to keep their identity confidential.

Your child will then be asked to participate in a focus group run by the primary researcher where children will discuss their experiences in math. This will not be audio-recorded but a research assistant will be taking notes **(or describe if it will be audio or video-recorded, and what will happen to the audio or video recording afterwards. For example, the audio (and/or video) recording will be deleted after it is transcribed (or analyzed))**.Everyone will be asked not to discuss what is being spoken about outside of the group but it is impossible to guarantee complete confidentiality. This focus group session will take about one hour.

Finally, your child will be asked to fill out a survey about their experiences solving math problems. This will take about fifteen minutes.

**(Add where and when each procedure will take place.)**

All of these procedures will be done at your child’s school (with the school’s permission) at a time that is convenient to them. The researcher will consult with your child’s teacher to schedule the study activities at a time that will not disrupt your child’s typical classroom learning. This may mean that the study will take place either after school, during lunch break, or passing period.

**(Note: For individual interviews with audio (and/or video) recording, specify that you will notify the child when you plan to start and stop the audio recording. For example, “*During the individual interview, the researcher will audio record your child. Your child can choose whether or not they would like to be audio-recorded. If they choose to be audio-recorded (and you agree), the researcher will notify them when the audio-recorder is started and stopped. If you (or your child) do not want the interview audio-recorded, the researcher will take hand-notes*. ”)**

**(Note: For focus group sessions, you cannot guarantee confidentiality. You might say something to the parent giving permission for research with their child, “*Others in this group may know the identify of your child. The researcher cannot promise that others in the groups will keep your child’s participation private. The researcher will ask that your child and others respect one other in the group and keep all comments made during the group discussion private. The researcher will remind all participants to not discuss what happened during the group meeting outside of the group.*” You might say to the child (in the assent form) something like, “*Others in this group may know who you are and the researcher cannot promise that others in the groups will keep your participation private. The researcher asks that you respect each other in the group and keep all comments made during the group discussion private. Please do not discuss what happened during the group discussion outside of the meeting.*”)**

**(Note: If you video-record a classroom, explain how students who are not participating can avoid being in the video. Explain who will set up the video recorder and how long the video recording will last.)**

**(Note: If you are taking subjects away from teaching, classroom activities, or other kinds of work, explain how you are minimizing this negative effect.)**

**(Note: If you are conducting a classroom study, explain what alternative activities are planned for students who do not want to be in the study (or who do not have parental permission to be in the study). You may want to specify that you will defer to the classroom teacher or school administrator on proposing alternative activities.)**

**(Note: Asking your own students (or the parents of your students) to participate in your research is intrinsically coercive. Parents and students will always feel compelled to participate, in spite of your intentions and assurances, or they may perceive some intangible benefit to participation that does not exist. In order to gain approval to use your own students for research, you need to demonstrate to the IRB that there is no other practicable way to carry out the project. Working with students in another class or having a research assistant handle recruitment, informed consent, and data collection are both preferable to using your own students. Additionally, in your application you want to distinguish between “*typical classroom engagement*,” and “*study-related engagement*,” when working with your own students.)**

**(Note: If you use randomization in your study, remember it is considered the most powerful experimental design in clinical trials. The principal of justice requires that all subjects be fairly selected and that the benefits and burdens of research be distributed fairly. Researchers should convey sensitivity to participants, especially for participants in control conditions who may not receive the same experiences as those in the intervention condition. Researchers should offer an adequate justification or a compelling argument as to why another research methodology is not feasible or would not produce a desire outcome. Researchers may consider offering the intervention treatment to the control group at a later time, running the study twice, or rotating randomization.)**

**(State where and when each of the study activities is being carried out. Explain how the research does not impinge on classroom time, (i.e., that the procedures will be done at break times, after school, or lunchtimes) or explain what the arrangement is with the teacher, study site, or other individuals to make sure that the participant does not unfairly miss out on events or scheduled time (e.g., typical classroom lessons) as a result of their participation in the study.)**

**WHAT POSSIBLE RISKS OR DISCOMFORTS CAN MY CHILD EXPECT FROM TAKING PART IN THIS STUDY? (If there is more than minimal risk, be clear about the risks and don’t say it’s a minimal risk study.)** This is a minimal risk study, which means the harms or discomforts that your child may experience are not greater than your child would ordinarily encounter in daily life while taking routine physical or psychological examinations or tests. Your child might feel embarrassed to discuss problems learning math. Your child does not have to answer any questions or share anything they do not want to talk about. Your child can stop participating in the study at any time without penalty. You might feel concerned that things your child says might get back to their teacher. Your child’s information will be kept confidential. **(If there is a genuine risk involving problems such as mental health issues, give the name and number of an agency the subject can go to in order to seek support. Do not make up risks that do not apply to the study. Boredom is not a risk.)**

**(Note: Consider these questions when gauging risks to study participants:**

* **What risks and benefits may result from the research? Do the benefits (*not necessarily direct benefits, but potential benefits to the field*) outweigh the risks?**
* **How are you minimizing potential risks?**
* **How is informed consent (or parental permission and assent) documented?**
* **What provisions are in place to protect the privacy of participants and to maintain confidentiality?**
* **What is the general demographic of the target population? Are they a vulnerable population? Does the current political or social climate impact this population and pose additional risk?**
* **Is the participant famous? Or in a position of recognizable authority (e.g., director of a major corporation)? Will their fame make protecting their confidentiality challenging?**
* **Are the participants under 18 years old? Has the researcher adequately provided information to them in age-appropriate ways?**
* **How much information is revealed during a routine survey or interview? Is that information private or sensitive?**
* **Will asking a question about how someone is feeling need a referral for mental health services?**
* **Are there physical discomforts associated with this study? Has the researcher specified these details to the participant in a clear and understandable way?**
* **Does the participant speak a language other than English? Is the researcher qualified (or prepared) to offer translated information in the participant’s preferred language? Is the researcher familiar with cultural and social practices within the setting and among the population of interest? Will the researcher need to secure a translator? Is that translator trained in confidentiality and ethical practices?**
* **Can the participant read and write in their preferred language? If not, is the researcher prepared to offer alternative accommodations (e.g., verbal informed consent, parent permission, or assent documentation)?**
* **Where will the research take place? Does the researcher have site permission to conduct the study? Is this a safe and private location? Can the researcher ensure confidentiality at this location?**
* **Where and how is the research data stored? What is the researchers data security plan?**
* **What provisions are in place for monitoring the data collected (and storage) to ensure the safety of subjects?)**

The primary researcher is taking precautions to keep your child’s information confidential and prevent anyone from discovering what they say or their identity, such as using a pseudonym **(or de-identified code—explain)** instead of their name and keeping all information on a password protected computer and locked in a file drawer.

**[If you plan to collect data in-person (either on- or off-campus), give information about inherent risks of in-person data collection:] Person-to-person exposure is the most frequent route of transmission for infectious viruses (e.g., flu, COVID-19) and occurs via direct inhalation of respiratory droplets during close contact. Simple preventative measures, (e.g., frequent hand washing, disinfecting the workspace) can help reduce disease transmission. (“For more information on requirements around in-person research, please review IRB’s** [**in person research webpage**](https://www.tc.columbia.edu/institutional-review-board/how-to-submit/guides--resources/in-person-research-requirements/)**”).**

**WHAT POSSIBLE BENEFITS CAN MY CHILD EXPECT FROM TAKING PART IN THIS STUDY?** There is no direct benefit to your child for participating in this study. Participation may benefit the field of math education to better understand the best way to train history teachers. **(“*Overstated benefits*” is the most frequent comment researchers receive from IRB reviewers. Overstating research benefits can be coercive. In research involving learning and disabilities, or mental illness, overstating benefits can erode the vital distinction between research and treatment in the minds’ of potential subjects or their parents and guardians. When stating potential benefits, focus on concrete benefits that are independent of outcomes, accruing as part of interventions and data collection procedures. Alternatively, it is perfectly okay to state, “*No direct benefit*.”)**

**WILL MY CHILD BE PAID FOR BEING IN THIS STUDY?** Your child will not be paid to participate but they will receive a small toy such as bubbles for their time. There are no costs to you for your child’s participation in this study. **(Compensation for research participation is not considered a benefit. Research applicants will often state, “*No direct benefit*,” and still offer payment for participation. If you are listing compensation, be sure to specify the dollar amount (e.g., “*Your child will be paid $10 USD for their participation at the end of the study*”).)**

**WHEN IS THE STUDY OVER? CAN MY CHILD LEAVE THE STUDY BEFORE IT ENDS?** The study is over when your child has completed the individual interview, focus group session, and filled out the survey. However, your child can leave the study at any time even if they have not finished. They will still receive the small toy for their time (e.g., the bubbles). **(If payment is prorated, explain it here. Specify, if participants will be paid for completing all (or some of) the study tasks. For example, “*If your child leaves the study early, or does not complete all study tasks, they will still be paid $10 USD for their participation”).*)**

**PROTECTION OF YOUR CHILD’S CONFIDENTIALITY** The primary researcher will keep all written materials locked in a desk drawer in a locked office. Any electronic or digital information (including audio (and video) recordings) will be stored on a computer that is password protected. What is on the audio-recording will be written down and the audio-recording will then be destroyed. There will be no record matching your child’s real name with their pseudonym. **(If you are using de-identified codes, explain that the master list identifying the subject is kept locked and separate from the list of codes. Regulations require that data with children be kept for five years. Some grants may require data be kept for a longer period of time. Consult your grant administrator. Please note that anonymity and confidentiality are not interchangeable. They refer to data collection, not dissemination of data. If you meet the subject in person (or know their name), you cannot say in the (guardian) parent permission form that their identity is anonymous.)**

For quality assurance, the study team, the study sponsor (grant agency), and/or members of the Teachers College Institutional Review Board (IRB) may review the data collected from you as part of this study. Otherwise, all information obtained from your participation in this study will be held strictly confidential and will be disclosed only with your permission or as required by U.S. or State law.

**HOW WILL THE RESULTS BE USED?** The results of this study will be published in journals and presented at academic conferences. Your child’s identity will be removed from any data your child provides before publication or use for educational purposes. Your child’s name or any identifying information about your child will not be published. This study is being conducted as part of the dissertation of the primary researcher.

**CONSENT FOR AUDIO AND OR VIDEO RECORDING** **(Choose either or both or delete section)** Audio recording (and/or video recording – **specify which one or both**) is part of this research study. You can choose whether to give permission for your child to be recorded. If you decide that you do not wish your child be recorded, **they will still be able to participate** ***OR*** **they will not be able to participate** in this research study. **(Choose the sentence that applies to your research (e.g., will or will not be able to participate if they do not want their child to be recorded).).**

\_\_\_\_\_\_I give my consent for my child to be recorded \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_I **do not** consent for my child to be recorded \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**(Make sure to give your (guardians) and/or parents enough space to sign their names. Also, make sure you keep signature lines together on the same page.)**

**WHO MAY VIEW MY CHILD’S PARTICIPATION IN THIS STUDY**

**(Choose the appropriate description below for your research)**

\_\_\_I consent to allow my child’s written, video and/or audio-recorded materials viewed at an educational setting or at a conference outside of Teachers College, Columbia University

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Signature

\_\_\_I **do not** consent to allow my child’s written, video and/or audio-recorded materials viewed outside of Teachers College, Columbia University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**(Some researchers hire professional transcriptionists, to transcribe audio-recorded interviews. If this is true for you, make sure you include this detail in the (guardian) parent permission form and consider submitting a “*non-disclosure agreement for transcriptionist*” form with your protocol. This template can be found in Mentor/Documentation. If the transcription service has its own non-disclosure agreement, describe these details in your protocol submission to IRB.)**

**OPTIONAL PERMISSION FOR FUTURE CONTACT (If you wish to contact this parent (or their child) for participation in other studies (*not related to this current study*) select the first option below. If you wish to follow-up with this parent (or their child) as related to this current study select the second option below. Delete this entire section if there is no chance that you might contact the parent or child in the future.)**

The primary researcher may wish to contact you (or your child) in the future. Please initial below to indicate whether or not you give permission for future contact.

The researcher may contact my child or me in the future for other research opportunities:

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Initial

The researcher may contact my child or me in the future for information relating to this current study:

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Initial

**WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?**

**If you have any questions about the study or your child’s taking** **part in this research study, you should contact the primary researcher, Dr. Sigmund Freud, at 212-222-2222 or at** [**sfreud@tc.edu**](mailto:sfreud@tc.edu) **or the research coordinator, \_\_\_\_\_\_\_\_\_\_\_ at 212-\_\_\_\_\_. You can also contact the faculty advisor, Dr. \_\_\_\_\_\_ at 212-\_\_\_\_\_\_\_\_.**

If you have questions or concerns about your child’s rights as a research subject, you should contact the Institutional Review Board (IRB) (the human research ethics committee) at 212-678-4105 or email [IRB@tc.edu](mailto:IRB@tc.edu) or you can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, New York, NY 10027, Box 151. The IRB is the committee that oversees human research protection at Teachers College, Columbia University.

**(The Participant’s Rights section is *not a separate document* from the parental permission form. It is all one document.)**

**PARTICIPANT’S RIGHTS**

* I have read the (Guardian) Parental Permission Form and have been offered the opportunity to discuss the form with the researcher.
* I have had ample opportunity to ask questions about the purposes, procedures, risks and benefits regarding this research study.
* I understand that my child’s participation is voluntary. I may refuse to allow my child to participate or withdraw participation at any time without penalty to future **(choose the applicable description)** medical care; employment; student status or grades; services that my child would otherwise receive. I understand that my child may refuse to participate without penalty. **(If none of the descriptors fit then end the sentence after the word penalty.)**
* The researcher may withdraw my child from the research at their professional discretion. **(State under what conditions)**
* If, during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to allow my child to continue participation, the researcher will provide this information to me.
* Any information derived from the research study that personally identifies me or my child will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.
* **(Choose the appropriate description)** Identifiers may be removed from the data. De-identified data may be used for future research studies, or distributed to another researcher for future research without additional informed consent (or permission) from you (the guardian, parent, or the research participant’s representative) or your child (the research participant). ***OR*** Your child’s data will not be used in further research studies.
* I should receive a copy of this (Guardian) Parental Permission Form document.

**My signature means that I agree to allow my child to participate in this study:**

**Print Parent or guardian’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or guardian’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**(If the research is *greater* than minimal risk and offers no prospect of direct benefit to the individual subject but is likely to yield generalizable knowledge about the subject’s disorder or condition, a second (guardian) parent is required to sign the (Guardian) Parent Permission Form, unless the second (guardian) parent is deceased, unknown, incompetent, or not reasonably available, or when one parent has legal responsibility for the care and custody of the child.)**

**Print Second Parent or guardian’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second Parent or guardian’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**(Please make sure your final copy uses only one font type (in black text), and is saved without template text, editorial comments, or tracked changes. In its final form, this document should be free of typographical errors, orphaned signature lines, unnecessary white space, or other unsightly formatting issues.)**

**(Note: The Parent Permission Form should be written using an 8th grade reading level. You can use the Flesch Reading Ease test or Flesch Grade Level test to check your document. Microsoft Word can also display information about the reading level of a document, including the readability scores.)**