**[Appalachian State University Letterhead]**

**CONSENT FROM PARENT OR GUARDIAN**

**PURPOSE OF RESEARCH**

Your child is invited to participate in a research study designed to **[description of study and what you hope to learn]**

**ELIGIBILITY**

**[Any relevant inclusion/exclusion criteria]**

**DESCRIPTION OF PARTICIPATION**

You agree to allow your child to participate in this project. Your consent allows us to **[collect your child’s work, conduct formal classroom observations, and/or collect data from assessments** **administered as part of your child’s curriculum.]**

We will also ask your child to complete **[number and type of tasks]** as a part of this project. These will be completed during **[where/time of day]** and will take approximately **[time]**. We will do this during **[timeframe approved for data collection].**

Reasons your child may not want to participate in this study include **[reasons].**

**VOLUNTEER STATEMENT**

Your child is a volunteer. The decision to participate in this study is completely up to you and your child. If your child decides to be in this study, you or your child may end participation at any time without penalty. Neither you nor your child will be treated any differently if you or your child decides not to participate in this study. Your child’s grade will not be affected in any way.

**CONTACT INFORMATION**

If you have any questions or concerns about this research project, please contact **[PI’s name and contact info]** or **[FA’s name and contact info].**

□ I give permission for my child to participate in this study

□ I do not give permission for my child to participate in this study

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Signature **[optional]**  Date