**INFORMED CONSENT FORM**

(Consent for Minor Participation)

**A. PURPOSE AND BACKGROUND**

**<Name of researcher>,** a **<master’s, doctoral, etc>** student in the Department of **<department>** at Northwest Nazarene University is conducting a research study related to **<brief statement of research topic>**.

You are being asked to give consent for your child to participate in this study because **<explain rationale for minor participation>.** Their participation will help researchers **<brief explanation of significance>.**

**B. PROCEDURES (list procedures of research study)**

**Note: following is a list of possible procedures that could be asked of participants in a research study**

If you agree to be in the study, the following will occur:

1. You will be asked to sign an Informed Consent Form giving permission for your child to participate in this study.
2. Your child will be asked to participate in the **<name of survey>** no more than twice this semester.
3. Your child may be asked to participate in a short focus group with a researcher and their peers. In this focus group they will be asked to answer a set of focus group questions and engage in a discussion on **<topic>**. This discussion will be audio taped and is expected to last approximately 45-60 minutes.

These procedures will be competed at a location mutually decided upon by the participant and researcher and will take a total time of about 100 minutes.

**C. RISKS/DISCOMFORTS**

1. Some of the discussion questions may make your child uncomfortable or upset, but they are free to decline to answer any questions they do not wish to answer or to stop participation at any time.
2. For this research project, the researchers are requesting demographic information. Due to the make-up of Idaho’s population, the combined answers to these questions may make an individual person identifiable. The researchers will make every effort to protect confidentiality. However, if you are uncomfortable answering any of these questions, your child may decline to answer them.
3. Confidentiality: Participation in research may involve a loss of privacy; however, your records will be handled as confidentially as possible. No individual identities will be used in any reports or publications that may result from this study. All data from notes, audio tapes, and disks will be kept in a locked file cabinet in the Department and the key to the cabinet will be kept in a separate location. In compliance with the Federalwide Assurance Code, data from this study will be kept for three years, after which all data from the study will be destroyed (45 CFR 46.117).

**D. BENEFITS**

There will be no direct benefit to your child from participating in this study. However, the information they provide may help educators to better understand how personalized learning is impacting instruction in your school district.

**E. PAYMENTS**

There are no payments for participating in this study.

**F. QUESTIONS**

If you have questions or concerns about participation in this study, you should first talk with the investigator. **<Name of researcher>** can be contacted via email at **<email address>,** via telephone at **<phone number>**. If for some reason you do not wish to do this you may contact Dr. **<name of supervisor>,** **<position and department>** at Northwest Nazarene University, via email at **<email address>** via telephone at **<phone number>** or by writing 623 S. University Blvd, Nampa, Idaho 83686.

Should you or your child feel distressed due to participation in this, you should contact your own health care provider.

**G. CONSENT**

You will be given a copy of this consent form to keep.

**PARTICIPATION IN RESEARCH IS VOLUNTARY.** Your child is free to decline to be in this study, or to withdraw from it at any point. Your decision as to whether or not to participate in this study will have no influence on their present or future status as a student in the **<Name>** District.

***Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***I give my consent for my child to participate in this study:***

**Signature of Parent/Guardian of Participant Date**

***I give my consent for the interview and discussion to be audio taped in this study:***

**Signature of Parent/Guardian of Participant Date**

***I give my consent for direct quotes to be used in this study:***

**Signature of Parent/Guardian of Participant Date**

**Signature of Person Obtaining Consent Date**

**THE NORTHWEST NAZARENE UNIVERSITY INSTITUTIONAL REVIEW BOARD HAS REVIEWED THIS PROJECT FOR THE PROTECTION OF HUMAN PARTICIPANTS IN RESEARCH.**