**Parent/Legal Guardian Consent Form**

**Research title:** [Title]

**Principal Investigator:** [Student Name]

**Name of SLC college evaluator:** [College evaluator’s Name], [Credentials]

**Name of Institution:** St. Lawrence College

**Name of institution/agency:** [Agency Name]

**Do not change the headings; however, customize the paragraphs' wording slightly to suit your project's specifics.**

DELETE THIS INSTRUCTION AFTER YOUR CONSENT FORM IS COMPLETE!

Replace your child with your family member as appropriate.

# Invitation

Your child is being invited to take part in a research study. I am a 4th year Honours Bachelor of Behavioural Psychology student at St. Lawrence College. As a part of my college program, I am completing a placement at [Agency] and conducting an applied thesis research study. I am recruiting participants that [inclusion/exclusion criteria]. The information in this form will help you understand my research. Please read all the information carefully and ask any questions you have before you decide to consent to your child’s participation.

# Why is this research study being done? [small paragraph in lay terms]

My project focuses on [sum up the project in a few words]. The aim of the project is to [summarize the project's aims and goals in a few words].

# What will you need to do if you take part? [small paragraph]

If you provide consent and your child agrees to participate, they will be asked to [list participant activities in summarized, concise, informative detail to include what participants will do, where, when and the frequency, who will be providing the intervention, etc. *For example, the [activity] will be held on [when] at [where] and last about [duration]. The session will be run by myself and a mentor from [Agency]. In the first session…*].

# What are the potential benefits of taking part? [small paragraph, don’t overstate]

A potential benefit to your child in participating in this study is that [a benefit to the participant]. The research results might also [a benefit to the agency/field of research, if applicable].

# What are the potential risks of taking part? [small paragraph]

The risks of participating in this research are minimal. However, your child might experience [describe potential discomforts or risks participants may encounter during the study, including an explanation of measures to mitigate the risk].

# What happens if something goes wrong? [small paragraph]

If [restate the risk and add instructions and contact information as applicable for what to do if they encounter the discomfort or risk.]

# Will the information you collect from me or my child in this project be kept private?

Your child’s privacy and confidentiality are important to us. We will take every reasonable step to keep any information identifying your child strictly confidential unless required by law, such as child abuse or neglect. The following information will be collected: [insert appropriate information]. All reports will only use general information about the findings. To protect your child’s privacy, we will [remove all information identifying your child and replace it with either a code or a pseudonym]. Informed Consent Forms will be stored securely [***select ONE:*** at St. Lawrence College for 10 years after your child’s 18th birthday or 10 years after the research has been completed **OR** at the agency for 10 years after your child’s 18th birthday or 10 years after the research has been completed]. All other research data will be stored securely at the [Agency] until the end of the study and stored on the researcher’s password-protected computer. All data from the research will be destroyed after [a number of months/years and by name]. The results from the research are part of my thesis, and it will be made available at the St. Lawrence College library. The results will also be presented at St. Lawrence College’s Behavioural Psychology Poster Gala [and might be presented at conferences]. Still, any such presentations will be of general findings and will never breach individual confidentiality.

# Does your child have to take part?

Taking part is voluntary, and both you and your child have the right to choose whether to participate in this research or not. If you or your child choose not to participate, your child will still be entitled to current or future services at [Agency]. If you choose to allow your child to participate, please sign and return this consent form. Both you and your child are free to withdraw consent at any time. If either you or your child choose to withdraw, you do not need to give a reason, and there will be no negative consequences. If you decide for your child to stop participating, please let me know by email at [student email] or contact my agency mentor, [agency mentor name], at [email]. It is possible to withdraw your data from my research by emailing my agency mentor or me within [type in the appropriate limitations and deadlines.] [Or if it is impossible, explain.]

# Whom to Contact for further information

This research has received ethical clearance from the Research Ethics Committee for Behavioural Psychology (REC-P) under the authority of the St. Lawrence College Research Ethics Board (SLC-REB) [if applicable: and at Agency X’s REB]. The project was developed under the guidance of [name], my college evaluator from St. Lawrence College and [name], my agency mentor. Thank you for your consideration. If you have any questions, feel free to ask me, [student name], at [student@student.sl.on.ca]. You can also ask my college evaluator, [name], at [college.evaluator@sl.on.ca].

If you have concerns about how this research is being conducted or about your child’s rights as a participant, you may contact the St. Lawrence Research Ethics Board (SLC-REB) Chair at [reb@sl.on.ca](mailto:reb@sl.on.ca).

# Consent

If you consent to allow your child to participate in this research project, please indicate so by completing the following form. Please return it to me as soon as you have signed it. If requested, a copy of this form will be given to you for your own records.

# By signing this form, I agree that:

* + I understand what the research is about and why it is being conducted.
  + All of my questions were answered.
  + Potential risks and benefits of this study have been explained to me.
  + I understand that my child and I have the right not to consent to participate.
  + I understand that my child and I can withdraw consent at any time.
  + I understand who I can contact if I have any questions or concerns about the research and how it is being conducted.
  + I understand that my child’s personal information will be kept confidential.
  + I understand that my child will not be identified in any reports or presentations without my permission.
  + I understand that I can request to receive a signed copy of this consent form.
  + I understand that the data from this study will be presented at the St. Lawrence College Behavioural Psychology Poster Gala and published in the St. Lawrence College Library. No identifying information will be included in any reports or at any conferences.

# I hereby consent to take part.

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| Parent/Legal Guardian Name | Signature Parent/Legal Guardian | Date |
|  |  |  |
| Participant’s Name | Participant’s Birth Year |  |
|  |  |  |
| Student Researcher’s Name | Signature of Research Student | Date |