

All consent letters must be printed on departmental letterhead from your department OR clearly state your departmental affiliation within the first paragraph

SAMPLE CONSENT LETTER FOR PARENTS OF A MINOR

January 6, 2006

Dear Parent:

My name is Patty Purple and I am a graduate student from the Department of Educational Psychology at the University of Illinois. My advisor, Dr. Viola Vermillion and I would like to include your child, along with his or her classmates, in a research project on map-making. We do not anticipate any risk greater than normal life and your child may benefit from this research by learning more about map-making. If your child takes part in this project, twice a week for three weeks, 15 minutes per day of your child's regular math class will be spent learning about maps. These instruction sessions will be videotaped. Your child's class will also go on a field trip to visit the University of Illinois and look at maps in the University library. At the end of this project, children will make their own maps of their school.

Your child's participation in this project is completely voluntary. In addition to your permission, your child will also be asked if he or she would like to take part in this project. Only those children who want to participate will do so, and any child may stop taking part at any time. The choice to participate or not will not impact your child's grades or status at school. The videotapes and all other information that is obtained during this research project will be kept strictly secure and will not become a part of your child's school record. The videotapes will be kept in a locked file cabinet and will be accessible only to project personnel. The videotapes will be transcribed and coded to remove children's names and will be erased after the project is completed.

The results of this study may be used for a dissertation, a scholarly report, journal article and conference presentation. We may also want to develop a short clip from the video recordings that could be used for future teacher education. Pseudonyms will be substituted for the names of children who may be represented in the video clip.

In the space at the bottom of this letter, please indicate whether you do or do not want your child to participate in this project. Ask your child to bring one copy of this completed form to his or her teacher by October 28. The second copy is to keep for your records. If you have any questions about this research project, please feel free to contact us either by mail, e-mail, or telephone.

Sincerely,

Patti Purple, Research Assistant
244-1111
pattipurple@uiuc.edu

Viola Vermillion, Professor
244-2222
vermillion@uiuc.edu

I do/do not (circle one) give permission for my child _____ (name of child) to participate in the research project described above.

_____ Date _____ Parent's signature

I do/do not (circle one) give permission for my child _____ to be video taped and possibly included in a video clip that would be used for educational purposes.

_____ Date _____ Parent's signature

If you have any questions about your rights as a research participant please contact Anne Robertson, Bureau of Educational Research, 217-333-3023, or arobrtsn@uiuc.edu or the Institutional Review Board at 217-333-2670 or irb@uiuc.edu