**CONSENT DOCUMENT**

**Rhode Island College**

INSERT PROJECT TITLE HERE

You are being asked to participate in a research study about how well you get along with your children. This research study will include roughly X number of participants. Participation in this study is voluntary and it is anticipated that you would be involved for X amount of time. You are being asked because you have a son or daughter who is 12-14 years old. Please read this form and ask any questions that you have before choosing whether to be in the study.

Amy Smith, a graduate student in Educational Studies, is conducting this research in collaboration with the faculty advisor Jane Doe, a professor at Rhode Island College.

**Why this Study is Being Done (Purpose(s)**

We are doing this study to learn about ways that parents and their children get along. We are also looking at why they may argue and fight at times.

**What You Will Have to Do (Procedures)**

If you choose to be in the study, we will ask you to: (*list in paragraph or bullet format*):

* First, you’ll read and answer some survey questions. The questions ask basic things about yourself and your family like your age, your highest level of school, how many children you have, how much money the family is making, and other questions. This will take about 10 minutes.
* Second, you’ll talk with me and answer questions I have about how you and your child get along. I will ask about things you get along on and things you may argue about or problems you may have and how you handle them. This will take about one hour.

**Risks or Discomforts**

You may find that answering some questions is upsetting. We think it would be similar to the kinds of things you talk about with family and friends. You can skip any questions you don’t want to answer, and you can stop the interview at any time. If you want to talk to someone about your feelings or about problems that you’re having, you can contact \_\_\_\_\_ at \_\_\_\_\_\_. They may charge a fee for their services which is paid by you. We will not pay this fee.

**Benefits of Participating in the Study**

Participating in this study will not benefit you directly.

**Appropriate Alternative Procedures (if any)** (this is relevant to intervention studies in particular. Examples include: alternative drugs, treatment, study site, other trials).

**You Will Be Paid (Compensation)**

As a way to thank you for your time, you will receive a $25 gift card to Stop and Shop. If you change your mind and want to stop the study, you’ll be paid part of this. If you stop, we will pay you $5 for answering the paper survey, and $10 for answering any interview questions.

**Deciding Whether to Be in the Study**

Participating in the study is your choice to make. Nobody can force you to be in the study. You can choose not to be in the study, and this is fine. You can change your mind and quit the study at any time, and you do not have to give a reason. If you decide to quit later, that will be fine and acceptable.

**How Your Information will be Protected**

Because this is a research study, results will be summarized across all participants and shared in reports that we publish and presentations that we give. Your name will not be used in any reports. We will protect the information you give us so that you cannot be identified. Instead of using your name, your information will be given a code number. The information will be kept in a locked office file, and seen only by myself and other researchers who work with me. The only time I would have to share information from the study is if it is subpoenaed by a court, or if you are suspected of harming yourself or others, then I would have to report it to the appropriate authorities. Also, if there are problems with the study, the records may be viewed by the Rhode Island College review board responsible for protecting the rights and safety of people who participate in research. The information will be kept for a minimum of three years after the study is over, after which it will be destroyed.

**Who to Contact**

You can ask any questions you have now. If you have any questions later, you can contact (Insert name(s) at (Insert email, phone number).

If you think you were treated badly in this study, have complaints, or would like to talk to someone other than the researcher about your rights or safety as a research participant, please contact the IRB Chair at IRB@ric.edu.

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

# Statement of Consent

I have read and understand the information above. I am choosing to be in the study “*(Insert study title)*”. I can change my mind and quit at any time, and I don’t have to give a reason. I have been given answers to the questions I asked, or I will contact the researcher with any questions that come up later. I am at least 18 years of age.

*(If you are audio-taping, video-taping, or taking photographs, you must have a statement such as:*

I \_\_\_agree \_\_\_do not agree to be videotaped for this study.

Print Name of Participant:

Signature of Participant: Date:

Name of Researcher Obtaining Consent: