**University of Wisconsin - Whitewater**

***CONSENT FOR RESEARCH WITH MINORS OR PERSONS WITH DIMINSHED DECISION MAKING ABILITIES***

**Consent Agreement for Research Study Involving Human Subjects**

***DO NOT USE THIS DOCUMENT AS IS.***

*Federal guidelines for human research specify information which must be disclosed to constitute*

 *the consent of participants. ALL of the items addressed on this form must be presented*

 *and agreed to by the participant prior to participation in a research study.*

***Delete all text in red and replace where indicated with your study information.***

**Title:** Click here to enter text. (*Place project title here)*

**Research Advisor:**Click here to enter text. *(If appropriate, place your faculty advisor’s name and contact information here. If you are a faulty researcher, this box may be removed.)*

**Investigator(s):**Click here to enter text.

*((Place the name and contact information (phone number, email address) for those researchers interacting with participants.))*

**Description:**Click here to enter text.

*(Include a description of the research you intend to perform. This description should contain enough detail that your subjects can make an intelligent, informed decision about their participation in your project and must be given an opportunity to ask questions prior to consent. The information presented should be in language likely to be understood by the subject population and written no higher than an 8th grade reading level.)***Research Risks:**Click here to enter text.

*(State the possibility of any risks of participation in the study and your plan for mitigating them. You should list any links to reputable counseling information, if applicable, in this section.*

**Research Benefits:**Click here to enter text.

*(You must also explain the benefits; otherwise there is no reason for them to participate. While the benefits may not be to the subject directly, the general benefits to a particular group or scientific achievement need to be outlined. Compensation for participation is not considered a research benefit.)*

**Special Populations:**Click here to enter text.

*(State whether individuals from special populations such as minors, persons with diminished decision making capabilities, pregnant women or prisoners will be participating in the research and state your reasons for their participation.)*

**Time Commitment and Payment:**Click here to enter text.

*((Provide each subject with a general expectation of the commitment for completing the research (i.e. time to complete a survey etc.). If subjects are to receive compensation for their time and effort, the details for compensation must be included.))*

**Safeguarding the Identity of Participants:**Click here to enter text.

*(Describe which elements of your project might be openly accessible to other agencies or appear in publications and the precautions you will employ to safeguard identifiable records or individuals. You must also state whether or not participants will be identifiable directly or through identifying information linked to the participants. If applicable, state how you will link the data to participants during your study; describe specific procedures you will use to safeguard participants’ data from unauthorized access.*

*You also must include the following verbiage:)*

All information gathered in this research study will be stored in secure electronic and/or physical locations and protected to the extent afforded by law. However since this research is conducted in a public education setting, some electronic communications may be subject to open records requests.

**Permission to Audio or Video Tape:**

*(You may remove this section entirely if you will not be audio/video taping participants. If you plan to record, choose from the following statements.)*

During your participation in this research study, you may be Click here to enter text. *(audio/video)* recorded.

1. The recordings will only be used for transcribing and recording of data and will only be accessible to the researchers. They will be retained for a minimum of three years as required by federal guidelines, and then destroyed.

OR

1. Your signature on this document gives us permission to use the recording(s) for the additional purposes of (*publication, training, etc…)* beyond the immediate needs of data transcription for this study*.* These recordings will not be destroyed at the end of this research but will be retained Click here to enter text. (*indefinitely, for \_\_\_ months, years, etc….*).

AND

1. *(If they must either agree to be recorded or decline to participate entirely in the study, you may remove the section below.)*

[ ] I agree to be recorded as part of my participation in this research study.

[ ]  I agree to have my data included in this research study, but I decline to be recorded.

**Consent for Future Use of Data:**

*(You must choose one of the following statements for this section of informed consent. You are required by federal law to adhere to the agreement in the statement you have selected.)*

1. Data, with all identifying information removed, will be kept indefinitely and may be used for future research by the researchers in this study or by others. Because all identifying information will be removed, your participation in this study authorizes this potential future use of unidentifiable data without further notification.

OR

1. The data collected in this study will not be used in any future research by researchers in this study, or by others. The data will be kept for Click here to enter text. *(This should match the time specified in your protocol application)* years after the completion of the study and then destroyed.

**Right to Withdraw:**

Click here to enter text.

*(No one should ever feel obligated to participate or continue participation in a project with which they are uncomfortable. A typical right to withdraw statement would read:)*

Your participation in this study is entirely voluntary. You may choose not to participate without any adverse consequences to you. However, should you choose to participate and later wish to withdraw from the study, there is no way to identify your anonymous document after it has been submitted to the investigator.

**IRB Approval:** *(This information must be included:)*This study has been reviewed and approved by The University of Wisconsin-Whitewater's Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies. If you have questions or concerns regarding this study please contact the Investigator or Advisor. If you have any questions, concerns, or reports regarding your rights as a research subject, please contact the IRB Contact.

**IRB Contact:**Morgan Anderson
Assistant Dean, School of Graduate Studies and Continuing Education
University of Wisconsin -Whitewater
262-472-1095
andersml@uww.edu

**Principal Investigator:**Click here to enter text.*Place your name, phone number, and email address here.*

**Co-Investigator(s):**Click here to enter text.*Place your name, phone number, and email address here.*

**Student Investigator(s):**Click here to enter text. *Place your name, phone number, and email address here.*

 **Statement of Consent:**

I certify that I am the authorized representative of the participant listed below. I also certify that I have been offered, or received a copy of this consent document, and I agree to allow their participation in the study as described above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pease circle the appropriate relationship:

Signature of Authorized Representative *Parent Guardian Legal Representative*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Researcher Date