

[All instructions and comments are in [ ] and yellow, and examples are in italics. Remove these from actual consent document.]

[The language used in this form should be at approximately the 8<sup>th</sup> grade level or lower so that it can be used with individuals who may have limited reading skills. You can check the reading level of your consent form within Word (<http://office.microsoft.com/en-us/word-help/test-your-document-s-readability-HP010148506.aspx>).]

[If this document is used for parental permission for a child's participation in a research study, change all phrases of "you" to "your child," "consent" to "parental permission," and other adjustments as necessary.]

## **RESEARCH SUBJECT INFORMATION AND CONSENT FORM**

**TITLE:**

**UNIVERSITY/ORGANIZATION:**

**SPONSOR:** [if no sponsor for this research, delete this field]

If any information contained in this consent form is not clear, please ask the study staff to explain any information that you do not fully understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.

[Explain your relationship with DJJ as part of this study.]

### **PURPOSE OF THE STUDY**

The purpose of this research study is to [Briefly fill in purpose of the study].

You are being asked to participate in this study because you [Briefly fill in why this person is in your sample.]

### **DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT**

If you decide to be in this research study, you will be asked to sign this consent form after you have had all your questions answered and understand what will happen to you.

[Describe what participation in this study will entail for participants, including how long the study will last and approximately how many participants will participate in this study. *Example: In this study you will be asked to attend two group meetings. Each meeting will last approximately one hour. In each meeting, you will be in a group with 8 or 9 other parents. In the first meeting, you will be asked to talk about . . .*]

[Provide examples of the types of questions you will be asking/content that will be discussed. *Example: In the second meeting you will be asked to talk about . . .*]

[Describe what and how information will be collected. *Example: The meetings will be tape recorded so we are sure to get everyone's ideas, but no names will be recorded on the tape.*]

[Identify any experimental interventions or interactions including use of randomization.]

Significant new findings developed during the course of the research which may relate to your willingness to continue participation will be provided to you.

**PARTICIPATION DISCLOSURE** [Include if juveniles will participate in the study, in accordance with 45 CFR 46 Part C.]

If you are or should [“are or should” may be adjusted depended on your target population] become involuntarily detained, confined, or incarcerated as a juvenile or an adult, you should be aware that your participation in this research project will have no effect on consideration of sentencing, length of sentence, or parole.

### **RISKS AND DISCOMFORTS**

[Possible psychological risks or discomforts must be noted and how they will be handled. *Example: Sometimes talking about these subjects causes people to become upset. Several questions will ask about things that have happened that may have been unpleasant. You do not have to talk about any subjects you do not want to talk about, and you may leave the group at any time. If you become upset, the study staff will give you names of counselors to contact so you can get help in dealing with these issues.*]

### **BENEFITS TO YOU AND OTHERS**

[If there are direct benefits, those should be listed; however, most studies do not provide direct benefits to the participants. They may provide some indirect benefits. This should be stated in this section. *Example: You may not get any direct benefit from this study, but, the information we learn from people in this study may help us design better programs for parents and schools.*]

[Include if appropriate] Please be aware that the investigative team may receive money for the conduct of this study.

### **COSTS**

[Identify any costs to the participants, including their time. *Example: There are no costs for participating in this study other than the time you will spend in the groups and filling out questionnaires.*]

### **PAYMENT FOR PARTICIPATION**

[You only need to have this section if you are paying participants. If you are paying for participation you must be very specific as to the amount and how it will be paid. *Example: You will receive a \$10.00 gift certificate at a local mall each time you participate in a group session. The \$10.00 gift certificate will be given at the end of each*

*session, and you will receive the gift certificate even if you withdrawal during the session. You may receive a total of \$30.00 if you participate in all three sessions.]*

**[Include depending on the type of payment being offered:]** You may be asked to provide your social security number in order to receive payment for your participation. Your social security number is required by federal law. It will not be included in any information collected about you for this research. Your social security number will be kept confidential and will only be used in order to process payment.

### **ALTERNATIVES**

**[List alternatives. If there are no alternatives, state, “The alternative is to not participate in the study.”]**

### **CONFIDENTIALITY**

Potentially identifiable information about you will consist of *[Example: surveys, interview notes and recordings, audiotapes of consultations and interviews]*. Data is being collected only for research purposes.

**[Note how the data will be identified, stored, protected, and destroyed. As appropriate to this study, add information regarding retention in this section. Example: Your data will be identified by ID numbers (not names) and stored in a locked research area. All personal identifying information will be kept in separate password protected files, and these files will be deleted at the completion of the study. Other records [Note which ones] will be kept in a locked file cabinet for three years after the study ends and will be destroyed at that time. Access to all data will be limited to study personnel.]**

**[If you are video or audio taping a session you must specify how you will protect the information you are taping. Example: The group sessions will be audio taped, but no names will be recorded. At the beginning of the session, all members will be asked to use initials only so that no names are recorded. The tapes and the notes will be stored in a locked cabinet. After the information from the tapes is typed up, the tapes will be destroyed.]**

We will not tell anyone the answers you give us; however, information from the study and the consent form signed by you may be looked at or copied for research or legal purposes by the sponsor of the research **[only include sponsor if appropriate]**, **[University or Organization name]**, or the Virginia Department of Juvenile Justice (DJJ) **[DJJ must be listed in accordance with 45 CFR Part C unless other arrangements have explicitly been agreed upon by the researcher and DJJ].**

**[Include if juveniles will participate in the study, in accordance with 45 CFR 46 Part C.]** Your status as a juvenile offender will be kept confidential. However, if you become involuntarily detained, confined, or incarcerated as an adult during this study, you should be aware that confidentiality regarding your status as an adult prisoner cannot be guaranteed.

[If there is the potential for you to discover suspected child or elder abuse, you are obligated to report this. Include a statement indicating the requirement to report. If there is the potential for any participant to disclose that they may cause injury to themselves or others, you should state in this section that you are required by law to report that information to the appropriate authorities. If there is the potential for any participant to disclose that they may cause injury to themselves or others, you should state in this section that you are required by law to report that information to the appropriate authorities. *Example: If something we learn through this research indicates that you may intend to harm yourself or others, we are obligated to report that to the appropriate authorities.*]

[If research will have a Certificate of Confidentiality from the NIH, insert the following:] To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of federally funded projects.

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

[If there may be a need to disclose things such as child abuse, intent to hurt self or others, include language such as the following.] The Certificate of Confidentiality does not prevent the researchers from disclosing voluntarily, without your consent, information that would identify you as a participant in the research project under the following circumstances. [State here the conditions under which disclosure would be made.]

What we find from this study may be presented at meetings or published in papers, but your name will not ever be used in these presentations or papers.

## **VOLUNTARY PARTICIPATION AND WITHDRAWAL**

You do not have to participate in this study. If you choose to participate, you may stop at any time without any penalty. You may also choose not to answer particular questions that are asked in the study. [If appropriate you may need to include a statement that their decision to withdraw will involve no penalty or loss of care, service or benefits to which they are otherwise entitled from this agency/service provider.]

Your participation in this study may be stopped at any time by the study staff or the sponsor [if applicable] without your consent. The reasons might include:

- the study staff thinks it necessary for your health or safety;
- you have not followed study instructions;
- the sponsor has stopped the study; or
- administrative reasons require your withdrawal.

[Include if juveniles will participate in the study, in accordance with 45 CFR 46 Part C.]

If you become involuntarily detained, confined, or incarcerated as an adult during your participation in this study, you should be aware that your continuation will need to be reconsidered given your status as an adult prisoner.

If you leave the study before the final regularly scheduled visit, [Insert any consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject.]

## QUESTIONS

If you have any questions, complaints, or concerns about your participation in this research, contact:

[List the name of the contact person and his/her contact information here. The contact person should be the Principal Researcher(s). More than one contact may be listed. Give name and role of primary contact first.]

The researcher/study staff named above is the best person(s) to call for questions about your participation in this study.

If you have any general questions about your rights as a participant in this or any other research, you may contact:

[Insert name and contact information of Institutional Review Board.]

Contact this number for general questions, concerns, or complaints about research. You may also call this number if you cannot reach the research team or if you wish to talk with someone else.

**CONSENT**

*I have been given the chance to read this consent form. I understand the information about this study. Questions that I wanted to ask about the study have been answered. My signature says that I am willing to participate in this study. I will receive a copy of the consent form once I have agreed to participate.*

\_\_\_\_\_  
Name of Child [Only include this line if needed]

\_\_\_\_\_  
Participant Name (Printed)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent or Legal Guardian [Only include if needed; remove participant lines]  
(Printed)

\_\_\_\_\_  
Parent or Legal Guardian Signature  
[Only include if needed; remove participant lines]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date