[All instructions and comments are in brackets and highlighted yellow, and examples are in italics. Remove these from actual consent document. Make additional adjustments as appropriate for the specific research study (e.g., some language in this template is not needed for a research study involving staff). The language used in this form should be at approximately the 8th 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 Microsoft Word or using another readability tool online.]

[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 PARTICIPANT INFORMATION AND CONSENT FORM

**STUDY TITLE: [Insert Study Title]**

**INVESTIGATOR NAME and UNIVERSITY/ORGANIZATION:**

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

**ABOUT THIS CONSENT FORM**

You are being invited to participate in a research study. This consent form is to help you decide if you’d like to be in this study or not.

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

If any information contained in this consent form is not clear, please ask the study staff to explain anything 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. [Rewording may be necessary for youth in facilities.]

Your participation is voluntary. You do not have to be in this study. It is up to you.

**PURPOSE OF THE STUDY**

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

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

## DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT

In this study you will be asked to:

[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.]

If you decide to be in this research study, you will be asked to sign this form. Do not sign the form until you have all your questions answered and understand what will happen to you.

**RISKS AND DISCOMFORTS**

[It is not acceptable to state there are no risks.Possible psychological risks or discomforts must be noted and how they will be handled. Also include the risk of loss of privacy or confidentiality, especially in the context of juvenile delinquency information. *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. Additionally, participation in research might involve some loss of privacy. There is a small risk that someone outside the research study could see and misuse information about you, such as your involvement with DJJ as a juvenile on probation.]*

[If study is longitudinal or interventional, include this statement.] The researchers will let you know about any significant new findings (such as additional risks or discomforts) that might make you change your mind about participating in the study.

**BENEFITS TO YOU AND OTHERS**

Describe any benefits to the participant. Do not include compensation in this section. Instead, describe any positive things, if any, that participants may learn, experience, or feel. You also may describe the broader benefits of the study that relate to them. *Examples: This study may help you by…, We may learn more about helping other youth who…*]

[In accordance with 45 CFR 46 Part C] Being in this study will not affect how you are treated in either the juvenile or adult justice system. It will not help or hurt your sentencing, length of sentence, or parole.

**COSTS**

[Identify any costs to the participants, if any. If the only cost is time and you have adequately described that commitment above, you do not need to have this section.]

**PAYMENT FOR PARTICIPATION**

[You only need to have this section if you are paying participants. If you are paying for participation or giving gifts, you must be very specific as to the amount and how it will be paid. If the study involves ongoing participation, explain what happens if the participant withdraws partway through. 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 stop 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 any alternatives, including participating in the program without being part of the research component, if appropriate. Example: You do not have to participate in this study to be able to participate in the class. Also explain what will happen if they decide not to participate. Example: If you decide not to be in the study, you will have free time in the unit while others talk to the researchers.]

**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. Explain who will have access. Include 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 recording a session you must specify how you will protect the information you are recording. 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. We will not share your answers with your teachers, parents, friends, or [add appropriate DJJ staff. Examples: your probation officer, the staff at the facility.]. However, other members of your group will know what you say [include if a focus group or other group setting].

Findings from the study and this signed form may be looked at or copied for research or legal purposes by the sponsor of the research [only include sponsor if appropriate] or [University or Organization name]. We will also share our findings with the Virginia Department of Juvenile Justice (DJJ), but we will not tell them your name. [Adjust language if DJJ will have access to copies of the assent/consent forms or have knowledge of the participant roster. This information must be disclosed. Be sure to comply with 45 CFR Part C].

[In accordance with 45 CFR 46 Part C, as appropriate for the specific study] Your status as a juvenile offender will be kept confidential. However, if you become involuntarily detained, confined, or incarcerated (in a jail, prison, or alternative facility) during this study, you should be aware that confidentiality regarding your status as an adult prisoner cannot be guaranteed.

If you tell us that someone is hurting you, that you might hurt yourself, or that you might hurt someone else, the law says that we have to let people in authority know so they can help.

[If research will have a Certificate of Confidentiality, insert additional language to explain the protections and limitations.]

[Be sure to check any other required disclosures or protections based on funding source, federal or state law, or other reason (e.g., future criminal intent for studies funded by Department of Justice / National Institute of Justice, educational records, medical records / health information, data repositories or registries).]

What we find from this study may be presented at meetings or published in papers, but your name and any other identifiable information will never be used in these presentations or papers.

**VOLUNTARY PARTICIPATION AND WITHDRAWAL**

Your participation is voluntary. You do not have to participate in this study. You will still get all the same treatment, services, and privileges from DJJ if you decide not to be in the 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. All you have to do is tell us you want to skip a question or stop completely. No one will blame or criticize you if you drop out of the study.You will still get all the same treatment, services, and privileges from DJJ if you stop being in the study.

If you want to stop the study before it is over, [insert any consequences or risks of a participant’s decision to withdraw from the research and procedures for orderly termination of participation, if any].

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 youth will participate in the study, in accordance with 45 CFR 46 Part C.] If you become involuntarily detained, confined, or incarcerated 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 the participants are already confined, adjust wording as appropriate for the scenario (e.g., “incarcerated as an adult,” “incarcerated in a different facility”). If participation is contingent on being in the facility, more explanation may be necessary to describe what happens if they are released during the study.]

**QUESTIONS**

The researcher named below is the best person(s) to call for questions, complaints, or concerns about your participation in this research:

[List the name of the contact person and their 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.]

If you have any general questions about your rights as a participant in this or any other research, or if you wish to discuss problems, concerns, or questions, you may contact:

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

You may also call this number if you cannot reach the research team or if you wish to talk with someone else.

**Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.**

[Format so the remaining section is on one page with all signature lines. Select the applicable signature lines only.]

**CONSENT**

*I have been given the chance to read this consent form carefully. I understand the information about this study. All the questions that I wanted to ask about the study have been answered. I have not waived any legal rights or benefits to which I otherwise would be entitled. My signature says that I am willing to participate in this study*. *I will receive a copy of the consent form for my records.*

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Name of Child

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

Participant Name (Printed)

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

Participant Signature Date

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

Name of Parent or Legal Guardian

(Printed)

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

Parent or Legal Guardian Signature Date

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

Name of Person Conducting Informed Consent Discussion (Printed)

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

Signature of Person Conducting Informed Consent Discussion Date

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

Principal Investigator Signature Date