

## PARENTAL CONSENT FORM

*Title of the Study goes here*

**Purpose of this Research [expected duration and description of the procedure(s)-do not include this statement in your submission]:** Your permission is being sought to have your child participate in this research study. The purpose of this study is to help us determine whether differences in child-directed reading styles exist among college students of various majors. During testing, your child will be read various books by college students of different majors while being videotaped. The videotaping is for the sole purpose of examining the reading styles employed by the adult participants, and in no way will be used to examine or test the behavior of your child. Participation in this study will not exceed one hour.

**Eligibility:** To be in this study, your child must be under the age of 18 and have a sixth grade reading level.

**Risks or discomforts:** The risks in this study are no greater than those ordinarily encountered in daily life or the performance of routine physical or psychological examinations or tests. There are no foreseeable discomforts or dangers to your child in participating in this study.

**Benefits:** There are no direct benefits to your child. The results of this study, however, will increase our knowledge of the various reading techniques and strategies used by college students.

**Confidentiality of records:** All records are kept confidential and will be available only to professional researchers and staff. If the result of this study are published, the data will be presented in group form and individual children will not be identified. Information collected as part of this research ***will not be used or distributed*** for future research studies.

**Compensation:** Your child will receive a small gift for participating. If your child starts the study and decides to discontinue the study before completion, he/she will still receive the small gift.

**Contact:** If you have any questions or would like additional information about this study, please contact Joe Student, [joe.student@erau.edu](mailto:joe.student@erau.edu), or the faculty member overseeing this project, Dr. I. Oversee, [Isaac.oversee@erau.edu](mailto:Isaac.oversee@erau.edu). For any concerns or questions in reference to your child's participation in this research, contact the Institutional Review Board (IRB) at 386-226-7179 or via email [teri.gabriel@erau.edu](mailto:teri.gabriel@erau.edu).

**Voluntary Participation:** Your child's participation in this study is completely voluntary. We ask that you read this information to your child to ensure that he/she understands that participation is voluntary. He/she may stop or withdraw from the study at any time. Should your child wish to discontinue the research at any time; no information collected will be used.

**CONSENT.** Your signature below permits your child to participate in the study without your presence. Please return this form at your earliest convenience (or specified date). If you do not sign and return this form, the researchers will understand that you do not wish to allow your child to participate.

Name of Participating Child \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent or Guardian \_\_\_\_\_