Informed Consent for Participation as a Subject in Training Activity
Practicum/Internship Parent Permission Form

Introduction:
- You are being asked to allow your child to be in a training activity for a graduate level program in school psychology.
- Your child was selected as a possible participant because your child is undergoing evaluation at his or her school.
- We ask that you read this form and ask any questions that you may have before agreeing to allow your child to participate in the training activity.

Purpose of Study:
- The purpose of this training activity is to provide practice opportunities for graduate level students who are training to become school psychological service providers.
- Participants in this study are preschool and school-age children from around Maine.

Description of Study Procedures:
If you agree to allow your child to participate, we would ask you to do the following things:
- Agree to allow the graduate student to administer the tests to be used as part of the school’s evaluation procedures; the testing activities will take _______________ (enter time estimate here).
- The testing will be conducted by the graduate student under the supervision and support of both a school-based school psychology practitioner and a university school psychology professor.
- The school-based school psychology practitioner who will take full responsibility for all testing procedures and activities. The supervisor will review and approve all testing plans, activities, and the final evaluation report written about your child.
- This permission form is separate from the one required by the school district.

Risks to Being in Study:
- The study has the following risks. First, the process of testing may result in the graduate student observing that your child may have otherwise unknown or undiagnosed learning or behavior difficulties.
- Second, your child may experience questions or concerns about his or her performance on the practice tests.

Benefits of Being in Study:
- The benefits of participation include providing a graduate student in school psychology the chance to obtain additional practice and supervision in the administration, scoring, and interpretation of cognitive, psycho-educational and/or behavioral assessments.
- Second, you are offering your child the chance to interact with a graduate student with training in child development and learning.
- Third, your child’s assessment will be carried out and reviewed by the graduate student and two experienced school psychology professionals.

Confidentiality:
- The records of this training activity will be kept private. In the report the graduate student will submit to the university professor, s/he will not include any information that will make it possible to identify your child. Testing records will be kept in a safe and secure location at all times. Access to the records will be limited to the graduate student, appropriate school personnel, and the university professor.
Voluntary Participation/Withdrawal:
• Your child’s participation is voluntary. If you or your child chooses not to participate, it will not affect your current or future relations with your child’s school or the University.
• You and/or your child are free to withdraw at any time, for whatever reason.
• There is no penalty or loss of benefits for not participating or for discontinuing your participation.
• You will be provided with any significant new findings that develop during the course of the testing session(s) that may make you or your child decide that you want to stop participating.

Contacts and Questions:
• The school psychology program faculty responsible for training activities are Rachel Brown-Chidsey, Ph.D. and Mark W. Steege, Ph.D. Rachel can be contacted at 207-228-8322 or rbrown@usm.maine.edu. Mark can be reached at 207-780-5309 or msteege@usm.maine.edu.
• If you believe you may have suffered a research related injury, contact either Rachel or Mark and they will help to address your concerns.
• If you have any questions about your rights as a training activity subject, you may contact: Christina Booth, Coordinator of the Office of Research Compliance, USM. She can be reached at (207)780-4517 or cbooth@usm.maine.edu or TTY (207)780-5646.

Copy of Consent Form:
• You will be given a copy of this form to keep for your records and future reference.

Statement of Consent:
• I have read (or have had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I give my consent for my child to participate in this study. I have received (or will receive) a copy of this form.

Signatures/Dates:

Study Participant (Print Name): ______________________________
Parent/Guardian (Print Name): ______________________________
Parent/Guardian (Signature): ________________________________ Date _____________

Parent/Guardian (Print Name): ______________________________
Parent/Guardian (Signature): ________________________________ Date _____________

Graduate Student (Print Name): ______________________________
Graduate Student (Signature): ________________________________ Date _____________

Course instructor (Print Name): ______________________________
Course instructor (Signature): ________________________________ Date _____________