Informed Consent for Participation as a Subject in Training Activity
Parent Permission Form for Children at USM Childcare

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 attends the USM child care center.
• 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 be in this study, we would ask you to do the following:
• Allow USM Child Care staff to arrange a time when your child can meet with a graduate student for the testing session(s); the testing activities will take about 30 minutes

Risks to Being in Study:
• The study has the following risks. First, the process of testing may result in my observing that your child may have otherwise unknown or undiagnosed learning or behavior difficulties. If such a difficulty is suspected, you will be contacted immediately and a meeting with you, me, the course instructor, and director of the USM Child Care center will be held to discuss these concerns.
• Second, your child may experience questions or concerns about his or her performance on the practice tests.
• Due to the training nature of the testing activity(ies) none of the specific results of the testing will be shared with you or your child. They cannot be considered accurate because I am still learning how to conduct the test(s).

Benefits of Being in Study:
• The benefits of participation include providing me the chance to learn how to administer important cognitive and/or psycho-educational tests to pre-school children, and offering your child the chance to interact with a graduate student with training in child development and learning.

Confidentiality:
• The records of this training activity will be kept private. In any sort of report I submit to the course instructor, I will not include any information that will make it possible to identify your child. Training records will be kept in a safe and secure location at all times. Access to the records will be limited to me and the course instructor. The training records will be destroyed at the end of the semester when the practice testing occurred.

Voluntary Participation/Withdrawal:
• Your child’s participation is voluntary. If you or your child choose not to participate, it will not affect your current or future relations with the University or the USM Child Care Center.
• 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 indicators that develop during the course of the testing session(s) that may make you or your child decide that you want to stop participating. For example, if I feel that a learning or behavior problem may be present, I will discontinue testing and arrange for you and I to have a meeting with the course instructor and Child Care Center Director to discuss an appropriate course of action.
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, Director 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): ____________________________  Date _____________
Parent/Guardian (Signature): ____________________________    Date _____________
Parent/Guardian (Print Name): ____________________________  Date _____________
Parent/Guardian (Signature): ____________________________    Date _____________
Graduate Student (Print Name): ____________________________  Date _____________
Graduate Student (Signature): ____________________________    Date _____________
Course instructor (Print Name): ____________________________  Date _____________
Course instructor (Signature): ____________________________    Date _____________