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

Introduction:
• You are being asked to allow your child to be in a training activity for a graduate level program in education.
• Your child was selected as a possible participant because you are a family member or friend of a student enrolled in the School of Education and Human Development at the University of Southern Maine.
• 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 work in schools.
• 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 things:
• Arrange a time when your child can meet with the graduate student for the testing session(s); the testing activities will take ________________ (enter time estimate here).
• If needed, bring your child to the testing session(s) and/or allow the testing session(s) to occur in your home.

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.
• Due to the training nature of the testing activity(ies) none of the results of the testing will be shared with you or your child. They cannot be considered accurate because the graduate student is still learning how to conduct the test(s).

Benefits of Being in Study:
• The benefits of participation include providing a graduate student in education the chance to learn how to administer important cognitive and/or psycho-educational tests 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 the graduate student may submit to the course instructor, s/he will not include any information that will make it possible to identify a participant. Training records will be kept in a safe and secure location at all times. Access to the records will be limited to the graduate student 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.
• 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. For example, if the graduate student feels that a learning or behavior problem may be present, s/he will discontinue testing and arrange to have the course instructor meet with you and your child to discuss an appropriate course of action.
Contacts and Questions:
• If you have any questions about your rights as a training activity subject, you may contact: Rachel Brown-Chidsey, Ph.D, NCSP, rachelb@maine.edu or 207-228-8322.

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 _____________