Your child is invited to participate in a research study conducted by [name of investigator], a [faculty member/student] from the [department] at the University of Oregon. I hope to learn [state what the study is designed to discover or establish. If a student, indicate if results will contribute to thesis or dissertation]. Your child was selected as a possible participant in this study because [reason for selection].

If your child participates, [describe procedures, including their purpose, how long they will take, their location and frequency. If activities are to be audio or video recorded, indicate this. Describe risks, discomforts, inconveniences, and how these will be managed. Indicate costs of participating, if any. Describe benefits to subjects and humanity expected from the research]. However, I cannot guarantee that you or your child will personally receive any benefits from this research. [If subject will receive compensation, describe amount and when payment is scheduled.]

Any information that is obtained in connection with this study and that can be identified with your child will remain confidential and will be disclosed only with your permission. Your child's identity will be kept confidential by [describe coding procedures and plans to safeguard data. If information will be released to any other party for any reason, state the person/agency to whom the information will be furnished, the nature of the information, and the purpose of the disclosure]

Your child's participation is voluntary. Your decision whether or not to let your child participate will not affect your relationship with [name of agency, school, etc. where subject was recruited]. If you decide to allow your child to participate, you are free to withdraw your consent and discontinue your child's participation at any time without penalty.

If you have any questions, please feel free to contact [provide name, phone number, and department address. If student, also provide advisor name and phone, and identify as your advisor.] If you have questions regarding your child's rights as a research subject, contact Research Compliance Services, University of Oregon, Eugene, OR 97403, (541) 346-2510. This Office oversees the review of the research to protect your rights and is not involved with this study.

**[The researcher should provide opt-out instructions for parents/guardians who do not wish their children to participate. For example, parents/guardians could indicate NO and sign and return the form, or parents could contact the researcher or the school.]**