

Sample Parental Permission Form

1. Study Title: Comparison of Intervention Strategies for Addressing Inappropriate Classroom Behavior
2. The purpose of this research project is to develop effective strategies for teachers to use with students exhibiting disruptive classroom behavior. Over a period of one month, 2-3 days per week, the investigator, posing as a teacher's aide, will observe subjects' general classroom behavior, assign specific tasks to the subjects, and will use three intervention techniques with the subjects: positive attention, reprimand, and time-out.

In the positive attention technique, the "teacher's aide" will provide the subject with positive attention, regardless of the occurrence of problem/disruptive behavior. In the reprimand technique, the "teacher's aide" will respond to each instance of disruptive behavior with a neutral reminder (e.g., you need to be working). In the time out technique, for each instance of problem behavior, the "teacher's aide" will remove the subject's work and turn his/her desk away from the classroom activities and other students for 30 seconds. At the end of 30 seconds, the investigator will turn the subject's desk back to the original position and gesture for the subject to return to work. My participation will be audio or video recorded.

3. Risks: There are no known risks. If your project could elicit emotional or psychological issues in the subjects, you need to insert contact information for relevant support services in this consent. When possible, the listings need to be local and national. Please contact the IRB office if you have questions.
4. Benefits: Subjects will have the opportunity to earn "awards" for performance of tasks assigned by the "teacher's aide." The study may identify intervention strategies which will help the subjects to minimize their disruptive classroom behaviors. The benefit to other students and the teacher is identification of techniques to help provide a classroom environment more conducive to learning.
5. Alternatives (if applicable): It is specified whether there are proven, established treatment options available that may be advantageous to the subject (in lieu of the study treatment).
6. Investigators: The following investigator is available for questions, M-F, 8:00 a.m. - 4:30 p.m.; Dr. Jane Doe, Psychology Dept., LSU, 504-578-0000 and Dr. John Doe, Psychology Dept, LSU, 504-578-0000.
7. Performance Site: X Elementary School
8. Number of subjects: 60
9. Inclusion Criteria: Children 6-9 years of age whose teachers have referred them for disruptive classroom behavior. To participate in this study you must meet the requirements of both the inclusion and exclusion criteria.
10. Exclusion Criteria: Children who do not meet the age requirements or who have not been referred for disruptive behavior, or whose teachers do not use time-out in their classrooms.
11. Right to Refuse: Participation is voluntary, and a child will become part of the study only if both child and parent agree to the child's participation. At any time, either the subject may withdraw from the study or the subject's parent may withdraw the subject from the study without penalty or loss of any benefit to which they might otherwise be entitled.

12. Privacy: The school records of participants in this study may be reviewed by investigators. Results of the study may be published, but no names or identifying information will be included for publication. Subject identity will remain confidential unless disclosure is required by law.
13. Financial Information: There is no cost for participation in the study, nor is there any compensation to the subjects for participation.

14. Signatures:

The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigator. For injury or illness, call your physician, or the Student Health Center if you are an LSU student. If I have questions about subjects' rights or other concerns, I can contact Alex Cohen, Chairman, Institutional Review Board, (225) 578-8692, irb@lsu.edu, or www.lsu.edu/research. I will allow my child to participate in the study described above and acknowledge the investigator's obligation to provide me with a signed copy of this consent form.

Parent's Signature: _____ Date: _____

The parent/guardian has indicated to me that he/she is unable to read. I certify that I have read this consent form to the parent/guardian and explained that by completing the signature line above he/she has given permission for the child to participate in the study.

Signature of Reader: _____ Date: _____

15. **For research involving the collection of identifiable private information or identifiable biospecimens one of the following must be listed on the consent form:**

Identifiers might be removed from the identifiable private information or identifiable biospecimens. After removal, the information or biospecimens may be used for future research studies or distributed to another investigator for future research studies without additional informed consent.

Yes, I give permission _____

Signature

No, I do not give permission _____

Signature

OR

Your information or biospecimens collected as part of the research, even if identifiers are removed, may be used or distributed for future research

Yes, I give permission _____

Signature

No, I do not give permission _____

Signature