Instructions for Regulated Consent:

1. Fill in all required information in red text,
2. Fill in *applicable* blue sections, but delete blue underlined text,
3. Delete any blue sections that do not apply,
4. Delete this yellow highlighted section from your final version and ensure all text in this document is **black**.

**INFORMED CONSENT FORM**

# (TITLE of STUDY)

My name is (your name), and I am a (your role) at California State University, Sacramento, (School and/or Department). You are invited to participate in a research study about (explain purpose of research at an **8th grade reading level**/ DO NOT COPY AND PASTE YOUR HYPOTHESIS).

If you volunteer, you will be asked to (participant procedures explained at **an 8th grade reading level**), which will take about (duration XX minutes/hours).

If you agree to participate, you can stop at any time. There are some possible risks involved for participants, including (describe risks identified in the IRB application). If physical risk is involved (not common): An emergency plan will be executed in the event of a research related injury. (Explain emergency plan). In the event of a research related injury, please contact your regular medical provider and bill through your normal insurance carrier, and then contact the IRB at 916-278-5674.

The benefit(s) to this research (is/are: explain benefits to subjects or society **at 8th grade reading level** (most research does **not** result in direct benefits to the participant)).

Deception: Although I am avoiding a complete description of the research at this time, you will receive a full explanation after your participation. [Debrief form must include the actual purpose of the study and why they were deceived.]

Experimental Procedures Only (not common): The following procedures are considered to be experimental: (describe in an 8th grade reading level). This study is enrolling approximately (enter #) participants. *Only* *when applicable, add*: It is possible that some risks are unknown. Any new risks that are found that may relate to your willingness to continue participation will be shared with you.

Incentives/Compensation: If you are offering an incentive or compensation, like gift cards or test results, describe the incentive and what they must do to get it. Can they leave the study early or must they complete the study to receive the incentive? You must state HOW and WHEN they will receive it. Individual results (not common): receiving individual results can be viewed as an incentive to participate. Explain if, and under what conditions, individual results will be shared with participants.

Withdrawal procedures (not common): Studies requiring several visits should have a withdrawal plan. Describe the consequences of subject’s decision to withdraw (if any) and procedures for participants to follow if they end participation. If YOU can withdraw a participant due to attrition, please describe those terms here. Lastly, address how their data will be handled once withdrawn (will it be kept or removed?).

I intend to publish or present my results. You will not be identified in my results. I will protect your identity by: (EXAMPLE: (1) grouping responses/using pseudonyms, (2) storing collected information in a protected location, and (3) removing identifiers as early as possible). Information that can identify you will be deleted or removed from the data after a period of (duration). The de-identified data will be kept in a secure location and may be used for other research studies. I will destroy the de-identified data 3 years after the study ends.

If you have any questions about the research, please contact me at(your phone or email)*,* (or(faculty advisor name and contact info, required for students)). If you have any questions about your rights as a participant in a research project please call the Office of Research, Innovation, and Economic Development, California State University, Sacramento, (916) 278-5674, or email irb@csus.edu.

Your signature below indicates that you have read and understand the information provided above, that you willingly agree to participate, that you stop participation at any time without penalty.

Signature Date

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You will receive a copy of this form to take with you.

Children in Research: Including minors in your study? Write this form for the **parent**. Change “you” to “your child” or “your student” and add signature lines for *both* parents. Minors must also provide “assent.” This can be a verbal script if the child is very young that looks for verbal or physical cues of consent, or a verbal consent with an information sheet that explain the general idea of the study AT THEIR READING LEVEL!

Child assent example:

My name is XXX, and I want to know what you think about bullying at your school by taking a short survey. You don’t have to participate if you don’t want to, even if your parent(s) said it was OK.

The survey might make you feel sad, embarrassed, or uncomfortable. Nobody will know how you answered this survey because I will not collect your name. The conclusion of this research will be shared, but only as percentages and you will never be identified. If you want to stop, you can. You can also talk to your teacher or the school counselor about your feelings. The school counselor’s office is in building XYZ, room 123.

If you have any questions, your teacher or I can answer them. Would you like to take this survey?