

**UNIVERSITY OF GEORGIA**  
**PARENTAL PERMISSION FORM**  
**[TITLE OF THE STUDY]**

You are being asked to allow your child take part in a research study. The information in this form will help you decide if you want your child to be in the study. Please ask the researcher(s) below if there is anything that is not clear or if you need more information.

<b>Principal Investigator:</b>	<i>Name</i>	<b>Co-Investigator:</b>	<i>Name</i>
	<i>Department</i>		<i>Department</i>
	<i>Contact Information</i>		<i>Contact Information</i>

Your child is invited to be in this research study because he/she is in a class where the teacher will be evaluating methods to improve reading comprehension. We want to learn more about how different group activities affect reading comprehension. We are very interested in how groups with equal numbers of girls and boys work together and how groups with students at different reading levels may affect comprehension as well.

During the fall semester, for one six-week period, students will be spending two days per week in group discussion of the assigned reading materials. During the spring semester, for one six-week period, students will work in groups to create art projects about the assigned reading materials. If you agree to allow your child to be in the research study, your child will not be asked to do anything outside of these normal class activities.

With your permission, we will collect and analyze test scores, completed homework assignments, and projects for the entire school year. We will compare results from the periods above with the information from the other six-week periods where we do regular activities.

Participation is voluntary. Anyone can stop at any time without penalty. While the class activities will continue, we will not collect information from or about your child to use in our research if you or your child want us to stop. The decision to take part or not to take part in the study will not affect your child's grades in school.

We will take steps to protect your child's privacy by replacing your child's name with a code. We will keep the list that links the code to your child's name in a separate place. We may publish articles and present the research at conferences but we will not publicly identify your child. We do not plan to share identifiable information with anyone who is not connected to this research study. We will keep the list with names long enough to make sure we have all of the right records. Once the list with names is destroyed, we will not use or share the de-identified data for future research.

If you have any questions about the study, contact *[name and contact information.]* If you have any complaints or questions about your rights as a research volunteer, contact the Institutional Review Board (IRB) at IRB@uga.edu or 706-542-3199.

If you agree to allow your child to participate in this research study, please sign below:

\_\_\_\_\_  
Name of Researcher

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please keep one copy and return the signed copy to the researcher.**