



**Clayton County Public Schools
Division of Accountability and Assessment
Research Guidelines and Application Procedures**



Parent/Guardian Permission Form

[Edit the language in this template to align with your proposed research study.]

I. Purpose

_____ has received permission from the Research Review Board of the Clayton County Public School system to conduct the research study entitled, _____.
The purpose of this research is to:

1. _____
2. _____
3. _____

II. Participation in the Study

Your child has been asked to participate in this research study between the dates of _____.
The manner of your child's participation will include the following: _____

Participation in this study is voluntary and will not affect your child's grades or future classroom placements. If you decide to withdraw permission after the study begins, please notify the school of your decision.

III. Risks and Discomfort

Minimal risks are anticipated as a result of your child's participation. As a general rule, researchers are not permitted to conduct any studies that will disrupt the order of the typical instructional program found in any Clayton County Public School.

IV. Benefits

As the parent and/or guardian of a student(s) participating in this research study, the researcher believes that the information produced will improve the quality of instruction and types of services it provides for all children in Clayton County Public Schools.

V. Confidentiality

All information is confidential and will only be used for research purposes. Anonymity is assured as your child's name will not appear in any written reports that stem from data collected from the researcher. Information collected will be stored [insert location] until [insert date]. At that time, all information associated with the present study will be destroyed.

VI. More Information

If you have questions or concerns about this study, please contact [insert name of faculty advisor and student researcher] _____ at [insert phone number] _____. If you have any questions about the human rights of your child, contact [Insert name] _____, Director of _____ University IRB at _____ or by email at _____.

VII. Informed Consent

If you have read and understood the information above and agree to let your child participate in this research, please print and sign your name below.

Name of Student (Please print) _____	Name of School _____
Name of Parent/Guardian (Please print) _____	Parent/Guardian Signature _____
Date _____	