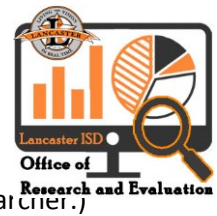


Lancaster Independent School District
Office of Research and Evaluation
Form F – Parent / Legal Guardian Consent Form



(Note that the information in italics will need to be completed by the researcher.)

MAIN PROJECT CONTACT INFORMATION		Project ID:
First Name:	Last Name:	
Position:	Organization	

Project Title:

My signature below indicates that I have read the information provided and have decided to allow my child, _____ (print student’s name), to participate in the project listed above to be conducted at my child’s school.

I agree to the conditions listed below with the understanding that I may withdraw my child from the project at any time, and that my child may choose not to answer any questions that he/she does not want to answer.

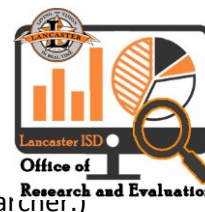
1. *Please describe what you will ask the student to do, and how much time you predict will be involved in participation, and the length of the study (how many times will data be collected).*

2. *Please describe all data you will collect from student records, such as test scores, attendance data, etc. and what you will do with this data.*

3. *If you are requesting access to free/reduced price meal eligibility status, please state that you are requesting such access and include a statement indicating that the failure to allow access to this information will not affect eligibility for or participation in Child Nutrition Programs.*

4. *The results of my student’s participation in this project will be kept confidential unless I give prior written consent.” Please state here how the identity of participants will be protected and who will have access to the project data.*

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5. *Please describe here in what form or forms the data you collect will be reported or otherwise shared.*
6. *Please state here any risks or inconveniences that participants might incur. If there are none, include a statement so indicating. If there are risks, indicate that the risks are and what precautions you will take to protect participants. Describe the benefits of participating in the study and the compensation, if any, to participants.*
7. My consent is optional and voluntary. My decision whether or not to allow my child to participate will not prejudice my present or future relations with (*your institution's name here*) or my child's school or teacher. If I decide to let my child participate, I am free to discontinue participation at any time without prejudice. To the extent that my child may be identified, if I withdraw my student from the project, my student's information will be removed from the project results.
8. If my child participates in the project, I can get information about the project and copies of any surveys or tests given to my child by contacting the *project contact*.
- Name: _____
- Contact Information: _____
9. **I understand that, while this project has been reviewed by the Lancaster Independent School District, Lancaster ISD is not conducting the project activities.**
10. A copy of this signed agreement will remain in my child's permanent school folder in accordance with the records retention schedule.

Your signature below indicates that you have read and understood the information provided above, have had an opportunity to ask questions, and agree to allow your child to participate in this research study. If you later decide to withdraw your consent for participation in the study, you should contact the Project Director/Researcher. You may discontinue participation at any time. (The Parent / Legal Guardian should keep a copy of this form for his/her records.)

Parent / Legal Guardian Signature

Date

Project Director / Researcher Signature

Date