

## Sample Parental Permission Letter

Dear Parents,

My name is XXX. I am a graduate student in the Department of XXX at Park University. I would like your child to take part in my research. During the first two weeks of May, I will be surveying seventh and eighth grade students and teachers in the XXX Middle School to learn about aggression in adolescence. If you and your child agree that your child may participate in the study I will ask your child to complete questionnaires about the way they see themselves and others, and about their behaviors. Completion of these surveys is estimated to take no more than twenty to thirty minutes of class time. Your child's teachers will also be asked to answer a few questions about your child's classroom behaviors.

All of the information I obtain from your child will be kept confidential. Your child's name will not be used on any of the forms they complete, and no information about your child will ever leave school premises with a name attached. The survey that your child completes will be marked with a number I select but no one who works in the school will ever know this number or the responses of your child.

The information collected from this study will be compiled into a report that will be available for everyone to see at the XXX Middle School office. The report will not contain any INDIVIDUAL information about children. It will describe what groups of students said. For example, I might describe what "7<sup>th</sup> graders said, but I will NOT report what an individual student disclosed. I will also use the information from this study to publish articles in professional publications, so that teachers can learn more about youth aggression. Once again, I will never report individual information.

The school principal and the school board have approved the survey. However, your child does not have to participate in the survey and participation or non-participation will not affect your child's grades. If your child does not want to do the survey, or wants to quit after starting, other work will be given to do in the classroom. Teachers must be present in the classroom during the survey because of district policy. However, they will not be involved in the student survey process and will not be told who does and does not participate. Following the completion of the survey, all students, regardless of participation, will be given a candy bar.

There are no direct benefits to you or your child for participating in this study. The information from the survey should help us learn more about the factors that contribute to aggressive behaviors in adolescents. There are no known risks associated with participation in this study, and most students enjoy the opportunity to express their opinions. However, if your child becomes upset, he/she will be able to stop the survey and may choose to talk to one of the school counseling staff.

Park University appreciates the participation of people who help it carry out its function of developing knowledge through research. If you have any questions about the research, you may call me, XXX at (816) 584-XXXX.

Although it is not the University's policy to compensate or provide medical treatment for persons who participate in studies, if you think you have been injured as a result of participating in this study, please call the (Chair's name) of Park University's Institutional Review Board at (816-584-XXXX).

If you and your child agree that your child may take part in the research please return a signed copy of this form to me in the enclosed envelope. You may keep the other copy for future reference.

You have read this permission form and agree to have your child take part in the research.

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Name of Student

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Printed Name of Parent

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Signature of Parent

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Date