**Helping Students with Traumatic Brain Injury Transition Back into School**

**Ann Researcher, Ph.D., Principal Investigator**

**Western Oregon University**

Monmouth, OR 97361 (503) 888-8888

Parent Informed Consent -- Qualitative Study

Thank you for considering the participation of your child in my research project. I am currently a graduate student at Western Oregon University interested in learning how to evaluate a new system for easing the transition back to school following treatment for head injury. If you agree to have your child in this study, I will be interviewing your child. This study will provide more detail about the kinds of school services students receive after they have been treated for brain injury and how the intervention can be improved. Please read this form and ask any questions you have before you agree to take part.

**What I Will Ask You To Do**

If you decide to allow your child to participate in this study, I will ask you to sign a consent form granting me permission to interview your child to gather information about his/her brain injury.

**What I Will Do With the Information You Give Me**

Any information I get about you or your family will be kept strictly confidential. All information you give me will be kept in locked files. I will not give any information to anyone, unless you give me written permission to do so. The only time I would be forced to break this promise is with people who are a danger to themselves or others. The law requires me to report that kind of information.

**Risks and What Will Be Done to Reduce the Risks**

Whenever research takes place there are some possible risks involved for you. These are:

1. Because I will have personal information about you and your family, there is always the possibility that someone might see the information who isn’t supposed to. This is what I do to keep people from seeing the information you give me:
2. I keep the information about you and your child strictly confidential. All information is in locked files.
3. I will give you a code name for all papers dealing with your child and this project. I will not mention or share real names with anyone.
4. The audio files of the interviews will be destroyed within one year after the project ends. Written files will be destroyed within five years of the end of the project.
5. Only authorized Teaching Research staff are allowed to see the information you give me.
6. All Teaching Research staff members are trained and experienced in working with private information. They are committed to protecting your right to privacy.
7. Because I ask some personal information about you and your family, there is a possibility that this could lead to some discomfort.
   1. If any questions make you feel uncomfortable, you may skip them.
   2. You may stop the interview at any time.
   3. If answering questions during the interview causes you to feel emotional or psychological distress, I will help you find a mental health counselor in your area.

**Benefits to You for Your Participation**

Allowing your child to participate in this study will add to the knowledge of how brain injury affects people and how children with brain injury can be best served in schools. Being involved in this project may also give you useful information about you and your family.

**Right to Withdraw from the Project**

*Taking part in this study is completely voluntary. My child is free to refuse to participate or to withdraw from participation at any time and it will in no way affect her/his relationship with, or treatment at any hospital, school, or Western Oregon University.* If my child decides not to participate in this part of the study s/he can quit at any time without penalty. .

**This study has been reviewed and approved by the Western Oregon University Institutional Review Board (IRB). Should you have any questions or concerns throughout the course of the study, you may contact me - Dr. Researcher by phone or e-mail. If you have questions/concerns regarding your treatment as a subject, you may contact the Chair of the WOU Institutional Review Board (IRB) at 503-838-9200 or via e-mail at** [**irb@wou.edu**](mailto:irb@wou.edu)**.**

**You will be given a copy of this information to keep for your records.**

**Western Oregon University**

Monmouth, OR 97361 (503) 888-8888

Title of Project:

**Helping Students with Traumatic Brain Injury Transition Back into School**

**Informed Consent for Research Involving Human Subjects**

Principal Investigator: **Ann Researcher, Ph.D.**

Office Phone: (503) 838-xxxx e-mail:researcherj@wou.edu

Cell Phone: (xxx) xxx-xxxx

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my consent to have my child participate in the research study entitled **“**Helping Students with Traumatic Brain Injury Transition Back into School,**”** details of which have been provided to me above, including anticipated benefits, risks, and potential complications.

I fully understand that my child may withdraw from this research project at any time without prejudice or effect. I also understand that I am free to ask questions about any procedures that will be undertaken.

Finally, I understand that the information about my child obtained during the course of this study will be kept confidential unless I consent to its release. (*Return signature page to researcher; keep remaining pages for your records*.)

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Child’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature

I hereby certify that I have given an explanation to the above individual of the contemplated study and its risks and potential complications.

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Principal Investigator