**Information Letter Template - MINORS**

This template is applicable for research involving human subjects, specifically if the participants are minors below the age of 18 in a standard educational context, and you are not collaborating with an IRB/HRPP from a different institution, or if that IRB/HRPP permits the use of the BeyondBound (BB) IRB Information Letter template.

I am [name], serving as a [doctoral student, faculty member, or staff member] at [the name of your university]. [Insert the following sentence if there is a connection with the site of the research and/or prospective participants.] Additionally, I occupy the position of [mention your job title and employer].

Your child has been invited to take part in a research study. The aim of research is to explore significant queries that may lead to changes or enhancements in our future practices. This document provides details about the study to assist you in determining whether you wish for your child to be involved and/or for your child's information to be utilized. Please carefully review this document and feel free to raise any questions you might have.

What does participation in the research entail?

Should you consent to your child's participation in this study, they will engage in the following activities:

* [detail every research task and the estimated duration spent on each task. Specify whether the sessions will involve video or audio recording]
* [as an example: Filling out a survey in the classroom, which will take approximately 30 minutes.]

What is the aim of this research?

* This study is conducted to [concise explanation of the research objective].
* Your child has been identified as a potential participant due to [criteria for inclusion of child participants].

What is the participant count?

Should you consent to your child's involvement, they will join [anticipated participant count] others participating in this study.

What are the potential drawbacks of participating in this study?

During their involvement in the study, participants may encounter certain risks, adverse effects, and/or discomforts, such as:

* [enumerate the potential risks]
* [for instance: Experiencing discomfort while responding to queries that evoke difficult memories or emotions.]

To mitigate these risks, several measures are available to your child, including [outline the measures available to the child. For example: your child has the option to inform the researcher if they are experiencing discomfort or if they prefer not to respond to specific questions.]

**What advantages can be anticipated from participating in the study?** The potential benefits from participating in this study include [enumerate potential benefits]. The findings from this research will enhance my understanding of [research objective or research question].

**Participation in this study is entirely voluntary.** You have the option to decline the inclusion of your child's data in the study. Choosing not to participate will not result in any negative consequences or forfeiture of benefits your child is otherwise entitled to, nor will it impact their relationship with their teacher (Mrs./Ms./Mr. Researcher Last Name). If you prefer that your child's data not be used for this research, please inform me via phone and email.

**How will the confidentiality of my child’s data be maintained?**

* While absolute confidentiality cannot be assured, measures will be implemented to safeguard your child's personal data:
* Legal obligations may necessitate the disclosure of your child’s personal information.
* Identifiable information will not be included in any publications related to this research or in databases where results may be stored.
* The individuals who will have access to your child’s data include: [myself, my dissertation chair, and my dissertation committee].
* To secure your child's information, the following precautions will be adopted: [detail the measures you will employ to protect their data. For instance: storing all digital interview files in a password-protected computer directory.]
* All data will be securely disposed of after a period of 3 years.

**Will the information from my child be utilized in future research?**

Data collected from your child during this study may be employed in subsequent research projects or shared with other researchers for their studies. Should this occur, any potentially identifying details will be omitted before the information is distributed. All of your child's data will be anonymized.

**Will my child receive any compensation for their participation?**

[If there is a compensation plan for participants, describe the compensation, including the timing and method of distribution. If there is no compensation, remove this section.]

**Are there any costs associated with participating?**

Participation in this study incurs no expense to you or your child.

Whom do I contact for inquiries or concerns?

For any questions regarding the study, you can reach out to the researcher, [researcher name], at [researcher’s contact number]. I am also available via email at [researcher’s institutional email address].

Should you have questions about your child's rights as a participant, wish to report issues, express concerns about the study, seek information, or provide feedback, please contact the BB Institutional Review Board at info@beyondbound.org

**Can I withdraw my child from the study?**

You have the right to withdraw your child's data from the study at any moment. If you decide to do so, please inform me, and I will ensure all data pertaining to your child is erased.

Opt-Out Information

If you prefer to exclude your child's data from this study, please reach out to (Insert Name, email, and phone number).