Our guidance on the self-assessment decision tree ...

Step #7 - Consent Form:

The collection of any information/data must be accompanied by a consent form that includes:

a. Title of the project/program (Required)
b. Names, titles, and affiliations of investigators (Required)
c. Purpose of the study (Required)
d. Procedures (As appropriate)
   • Pre-study screening
   • What participants will do during the study
   • Foreseeable risks or discomforts
   • Benefits to be expected from the study
   • Alternative procedures
e. Confidentiality with qualifications (Required)
f. Compensation for Injury (As appropriate)
g. Voluntary Participation (Required)
h. Whom to contact if you have questions. Location of the Local Administrative Unit where the Human Subjects Protection Approval file is located (Required)
i. Active Consent Statement must include signature of youth between ages of 11-17 AND parent or guardian or simply parent or guardian for youth younger than 11 or responsible adults in cases not involving youth that require active consent (Required) ... Passive consent statement must affirm that completing the assessment implies agreement (Required)
Our sample informed consent statement for non-research assessment projects …

If you self-assess only and do not seek further approval, or if you seek approval and are informed by the HSP Administrator that your project does not require approval, you are strongly encouraged to use this “best practice” implied consent language (modified as appropriate to suit your audience):

Please complete the following (title of project) evaluation. The results of the evaluation will be used (purpose of the project). [The information will be shared with our funders and others who work with the program.] Your participation in this evaluation is voluntary and confidential to the extent allowed by law. [Your responses will be combined with the responses of all other participants and you will not be individually identified on any report prepared.] If you have questions, please contact (your name, title, affiliation and phone number or address). Completion of this evaluation implies your consent to participate.

Our sample informed consent statement for approved research projects that do not require active consent …

If you have an exempt approval by the HSP Administrator, an expedited approval by the HSP Administrator and Chair of the IRB, or a full-IRB approval, you are required to use the following language (or an alternative as directed in your approval) in your implied consent language (modified as appropriate to suit your audience):

Please complete the following (title of project) evaluation. The results of the evaluation will be used (purpose of the project). [The information will be shared with our funders and others who work with the program.] Your participation in this evaluation is voluntary and confidential to the extent allowed by law. [Your responses will be combined with the responses of all other participants and you will not be individually identified on any report prepared.] If you have questions, please contact (your name, title, affiliation and phone number or address). A copy of the Human Subjects Protection Approval Form is on file in the UW-Extension Provost and Vice Chancellor’s Office, 432 N. Lake St., Madison, WI 53706. Completion of this evaluation implies your consent to participate.
Our sample informed consent statement for non-research assessments where “best practice” dictates using active consent and for research projects that require active consent (this example assumes a youth participant between the ages of 11-17) … modify as appropriate to suit your audience

(Date)

Dear (Program Name) Participants and Parent or Guardian [modify as necessary]:

The (organization doing the evaluation) will be conducting an (title of project or program assessment). The purpose of this (study) is (purpose). The information collected will be used to (improve the program, etc.). [The information will be shared with our funders and others who work with the program.] The study consists of a (x question survey) that will [be conducted over the telephone by (name of interviewer)].

In order to collect information from you, I need to share the following information with you:

 The participation of your child is voluntary. You or your child may choose not to participate in this study. You or your child may withdraw from this process or decide not complete the survey at any time. Doing so will not limit your child’s participation in other programs and activities.

 Your child’s responses will remain anonymous and confidential to the extent allowed by law. We will keep the consent form separate from the responses. When we report the results of the study, we will not use your child’s name, unless you and your child have given us permission to do so on a consent form. This confidentiality will be protected to the extent the law allows. Your child’s responses will be combined with the responses of all other participants and your child will not be individually identified on any report prepared.

 If you have any questions about this project, you may contact me at (phone number).

 A copy of the Human Subjects Approval Form for this study is on file in the Provost & Vice Chancellor's Office at 432 N. Lake Street, Room 405, Madison, Wisconsin, 53706. [Note: This only gets used for research projects that receive an “exempt” approval, “expedited review” approval or full “IRB” approval. Do not use this statement if you have self-assessed that the effort does not require HSP/IRB approval.]

If you are willing to participate, both your child and a parent or guardian must sign below and return this form to me in the postage-paid envelope by (date).

Thank you very much.

Sincerely,

Name/Title and Affiliation
Address/Phone

I agree to participate [or allow my child to participate] in the [name of the assessment].

________________________________    ______________
Youth Participant (if 11-17 years of age)    Date

_________________________________   ______________
Parent/Guardian      Date