

# How to complete your STARTALK Consent Form

# Step One: Read the form

- Read the form to learn about STARTALK research.

# Step Two: Initial and date **BOTH** pages

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Consent form for Student Participation

Your Child's Name \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

Project Title	<b>STARTALK</b>
Why do I need to sign this form?	The National Foreign Language Center (NFLC) at the University of Maryland is doing re-STARTALK program. Your child is participating in a STARTALK Program. The survey complete will teach us about your child's experience and language learning STARTALK better.

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Initials \_\_\_\_\_ Date \_\_\_\_\_

Project Title	<b>STARTALK</b>
What if I have questions?	The researcher for this project is Dr. Catherine Ingold at the University of Maryland, College Park. If you have questions, contact Dr. Ingold at: National Foreign Language Center The University of Maryland Mail Services Bldg #343

# Step Three: Check box for citation by name

If you wish to be contacted before your child is mentioned by name in any future publication, check this box.

<b>What about confidentiality?</b>	<p>We will do our best to keep your child's personal information confidential. We will store all data will be stored in a password-protected database. We will not include participant names in any published reports, media, or public discussions of STARTALK. Your child's name will be given a code for surveys and other data. The researcher will use this code to link your child's survey and identity. Only the researcher, you, and your child will have access to data. We will ask your permission if we want to cite your child by name for any reason.</p> <p>Your child's information may be shared with representatives of the University of Maryland, College Park or government authorities if your child or someone else is in danger or if we are required to do so by law.</p> <p><b>Check Box: I wish to be contacted before my child is cited by name in the future.</b> <input checked="" type="checkbox"/></p>
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# Step Four: Enter your child's name at the top

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Initials \_\_\_\_\_ Date \_\_\_\_\_

## Consent form for Student Participation

Your Child's Name JANE DOE

## Step Five: Complete signature section

- Print your child's name
- Print your name
- Sign your name
- If your child is 12 or older, your child should sign his/her name
- Write today's date

# Sample Signature Page

I, _____, my child _____, and you, your child freely and voluntarily choose to _____		
Signature and Date	Your Child's Name	JANE DOE
	Parent or Guardian Name (your name)	JOHN DOE
	SIGNATURE OF CHILD'S PARENT OR GUARDIAN (Your Signature)	<i>John Doe</i>
	SIGNATURE OF THE CHILD (if child 12 years of age or older)	<i>Jane Doe</i>
	DATE	4/12/11