

[Date]
[Address]

Dear Parent:

Researcher X, Ph.D. and Researcher Y, Ph.D. of the University of Michigan-Flint, Department of -----, invite your child to participate in a research study entitled -----
----- . You and your child are being contacted because -----.

We would like to talk with your child ----- . The purpose of this study is to ---
----- . We plan to ask ----- children between the ages of ---- and ---- to
participate in our research. This study is being funded by -----.

If you agree, your child will talk to an interviewer about topics such as ----- .
An interviewer will come to your home to conduct the interview at a time convenient for
you and your child. The interview is expected to take about 45 minutes to complete.
We would like to audiotape the interview, but taping is not required for your child to be
part of the study.

While your child may not directly benefit from participating in our interview, we hope that
this study will contribute to the improvement of _____ .

Answering questions ----- may be difficult for your child. The interviewer has
been trained to work with children and will stop the interview if your child seems upset.
We have attached a list of support agency referrals to this letter if your child needs
additional help coping with feelings.

Your child will be paid \$----- for completing the full interview. If your child decides not to
finish the interview, your child will be paid \$-----.

We plan to publish the results of this study, but will not include any information that
would identify you, your child or family members. To keep this information safe, the
audiotape of your child's interview will be placed in a locked file cabinet until a written
word-for-word copy of the discussion has been created. As soon as this process is
complete, the tapes will be destroyed. The researchers will enter study data on a
computer that is password-protected. To protect confidentiality, your child's real name
and the names of any family members will not be used in the written copy of the
discussion. The researchers plan to keep this study data indefinitely for future research
about caregivers.

There are some reasons why people other than the researchers may need to see
information your child provided as part of the study. This includes organizations
responsible for making sure that the research is done safely and properly, including the
University of Michigan, government offices, or the study sponsor. Also, if your child tells
us something in the interview that makes us believe that your child or others have been
or may be physically harmed, we may report that information to the appropriate
agencies.

An interviewer will call you to make an appointment to interview your child in -----.
We hope that you will be willing allow your child to share his/her experiences with us.

If you have questions about this research study, you can contact Researcher X.,
University of Michigan Flint, Department of ----, address, Flint, MI 48502, (810) phone
number, or researcherx@umflint.edu.

If you have questions about your rights as a research participant, please contact the UM
Flint Institutional Review Board, 303 E Kearsley, 530 French Hall, Flint, MI 48502-1950,
(810) 762-3384, irb-flint@umflint.edu.

Sincerely,

Researcher X, Ph.D.
University of Michigan Flint
Department of -----
address
Flint, Mi 48502

Parental Permission

By signing this document, you are agreeing to allow your child, _____, to
be part of the study entitled ----- . Your child's participation in this study is
completely voluntary. If you allow your child to be part of the study, you may change
your mind and withdraw your approval at any time. Your child may choose not to be
part of the study, even if you agree, and may refuse to answer an interview question or
stop participating at any time.

You will be given a copy of this document for your records and one copy will be kept
with the study records. Be sure that the questions you have asked about the study
have been answered and that you understand what your child will be asked to do. You
may contact the researcher if you think of a question later.

I give my permission for my child to participate in this study.

Signature

Date

I give my permission for the interview with my child to be audiotaped.

Signature

Date