Parental Permission to Participate in Research Involving Minimal Risk

Information for parents to consider before allowing their child to take part in this research study

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The following information is being presented to help you and your child decide whether or not your child wishes to be a part of a research study. Please read this information carefully. If you have any questions or if you do not understand the information, we encourage you to ask the research.

We are asking you to allow your child to take part in a research study called: Do certain types of choral warmups have an effect on pitch recall and vocal resonance?

The person who is in charge of this research study is Gaven Burrows

The research will be conducted in Room 339.

Why is this research being done?

The purpose of this study is to determine whether types of choral warmups influence choral groups' pitch recall and vocal resonance.

Why is your child being asked to take part?

We are asking your child to take part in this research study because the quality of the research is measurably improved if your child takes part in this study.

Should your child take part in this study?

This informed consent form tells you about this research study. You can decide if you want your child to take part in it. This form explains:

- Why this study is being done.
- What will happen during this study and what your child will need to do.
- Whether there is any chance your child might experience potential benefits from being in the study.
- The risks of having problems because your child is in this study.

Before you decide:

- Read this form.
- Have a friend or family member read it.
- Talk about this study with the person in charge of the study or the person explaining the study. You can have someone with you when you talk about the study.
- Talk it over with someone you trust.
- Find out what the study is about.

- You may have questions this form does not answer. You do not have to guess at things you don't understand. If you have questions, ask the person in charge of the study or study staff as you go along. Ask them to explain things in a way you can understand.
- Take your time to think about it.

The decision to provide permission to allow your child to participate in the research study is up to you. If you choose to let your child be in the study, then you should sign this form. If you do not want your child to take part in this study, you should not sign the form.

What will happen during this study?

Your child will be asked to, at the beginning of choir class during one week of November, participate in regular choral warmups. On their first day of choir class, they will be given a "traditional" run of warmups, consisting of standard arpeggios and little physical activity and demand for attention. The next day, they will be given a "game-oriented" run of warmups, typically requiring an increase of physical movement and attention to detail. They will be subjected for each type of warmup 10 minutes at the start of class. After 10 minutes have elapsed, they and their respective choir will be given an excerpt from an American folk song and asked to sing. The choir as a whole, not your child, will be recorded and scored. Your child's name or other personal identification will not be recorded or stored. Only audio information will be collected and stored. Audio information will be retrieved from the choir as a whole and not on an individual case-by-case basis. The data will be stored electronically on devices owned by the researcher locally and will not be stored online. After relevant analysis required for research, such as LTAS and pitch analysis, is completed, all audio files will be permanently deleted.

How many other people will take part?

If your child is a member of Chamber Choir, the number of participants may approach 20.

If your child is a member of Varsity Choir, the number of participants may approach 60.

What other choices do you have if you decide not to let your child to take part?

If you decide not to let your child take part in this study, that is okay.

Instead of being in this research study your child can choose not to participate. Should you or your child choose not to participate, they will be excused from recording.

Will your child be compensated for taking part in this study?

You will receive no payment or other compensation for taking part in this study

What will it cost you to let your child take part in this study?

It will not cost you anything to let your child take part in the study

What are the potential benefits to your child if you let him / her take part in this study?

We do not know if your child will gain any benefits by taking part in this study.

What are the risks if your child takes part in this study?

There are no known risks to those who take part in this study

Privacy and Confidentiality

We will keep your child's study records private and confidential. Certain people may need to see your child's study records. By law, anyone who looks at your child's records must keep them completely confidential. The only people who will be allowed to see these records are:

- The research team, including the Principal Investigator, study coordinator, and all other research staff**.**
- Certain government and university people who need to know more about the study. For example, individuals who provide oversight on this study may need to look at your records. This is done to make sure that we are doing the study in the right way. They also need to make sure that we are protecting your rights and your safety.
- Any agency of the federal, state, or local government that regulates this research. This includes the Department of Health and Human Services (DHHS) and the Office for Human Research Protection (OHRP).
- The USF Institutional Review Board (IRB) and its related staff who have oversight responsibilities for this study, staff in the USF Office of Research and Innovation, USF Division of Research Integrity and Compliance, and other USF offices who oversee this research.

We may publish what we learn from this study. If we do, we will not include your child's name. We will not publish anything that would let people know who your child is.

What happens if you decide not to let your child take part in this study?

You should only let your child take part in this study if both of you want to. You or child should not feel that there is any pressure to take part in the study to please the study investigator or the research staff.

If you decide not to let your child take part:

- Your child will not be in trouble or lose any rights he/she would normally have.
- You child will still get the same services he/she would normally have.

You can decide after signing this informed consent form that you no longer want your child to take part in this study. We will keep you informed of any new developments which might affect your willingness to allow your child to continue to participate in the study. However, you can decide you want your child to stop taking part in the study for any reason at any time. If you decide you want your child to stop taking part in the study, tell the study staff as soon as you can.

- We will tell you how to stop safely. We will tell you if there are any dangers if your child stops suddenly.

Even if you want your child to stay in the study, there may be reasons we will need to withdraw him/her from the study. Your child may be taken out of this study if we find out it is not safe for your child to stay in the study or if your child is not coming for the study visits when scheduled. We will let you know the reason for withdrawing your child's participation in this study.

You can get the answers to your questions, concerns, or complaints.

If you have any questions, concerns or complaints about this study, call Gaven Burrows at gburrows000@student.rcschools.net or call or text at 1-615-995-5839

If you have questions about your child's rights, general questions, complaints, or issues as a person taking part in this study, call Carissa VerBruggen at VerBruggenC@rcschools.net

Consent for My Child to Participate in this Research Study

It is up to you to decide whether you want your child to take part in this study. If you want your child to take part, please read the statements below and sign the form if the statements are true.

I freely give my consent to let my child take part in this study and authorize that my child's health information as agreed above, be collected/disclosed in this study. I understand that by signing this form I am agreeing to let my child take part in research. I have received a copy of this form to take with me.

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Signature of Parent of Child Taking Part in Study Date

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Printed Name of Parent of Child Taking Part in Study

Statement of Person Obtaining Informed Consent (THIS IS THE RESEARCHER, DO NOT SIGN)

I have carefully explained to the parent of the child taking part in the study what he or she can expect from their child's participation. I hereby certify that when this person signs this form, to the best of my knowledge, he/ she understands:

- What the study is about;
- What procedures/interventions/investigational drugs or devices will be used;
- What the potential benefits might be; and
- What the known risks might be.

I can confirm that this research subject speaks the language that was used to explain this research and is receiving an informed consent form in the appropriate language. Additionally, this subject reads well enough to understand this document or, if not, this person is able to hear and understand when the form is read to him or her. The parent signing this form does not have a medical/psychological problem that would compromise comprehension and therefore makes it hard to understand what is being explained and can, therefore, give legally effective informed consent. The parent signing this form is not under any type of anesthesia or analgesic that may cloud their judgment or make it hard to understand what is being explained and, therefore, can be considered competent to give permission to allow their child to participate in this research study. **IF YOU ARE NOT THE RESEARCHER, DO NOT SIGN BELOW.**

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Signature of Person Obtaining Informed Consent Date

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Printed Name of Person Obtaining Informed Consent