



Return To School

Project Title: Return to School after Traumatic Brain Injury (TBI)

Dear Parent,

Ann Glang, PhD and Deanne Unruh, PhD, researchers from the University of Oregon (UO) and funded by the Centers for Disease Control and Prevention, are conducting a research study to evaluate the effectiveness of a return to school model of services and supports for students with concussion or brain injury. We are partnering with school districts in Central Oregon and Southwestern Ohio to select research participants among students.

What am I being asked to do? If your child sustains a concussion/brain injury, you are being asked to give permission for the school to provide your contact information to research staff so we can contact you to explain the research activities. You will have the opportunity to ask any questions about the study. At that time, you and your child can decide whether to participate or not.

Do I have to do this? No. It is voluntary (your choice) whether you participate. If you decide that you do **NOT** want to participate, the decision will not affect your or your child’s relationship with the school.

Benefits: There is no direct benefit, but the proposed study is a critical step toward developing an evidence-based program to support students with concussion/TBI upon return to school.

What If I have questions? If you have any questions about this project, please contact Caitlyn Hanes at hanesc1@u Dayton.edu. If you have any questions about your child’s rights in a research project contact Research Compliance Services, University of Oregon, Eugene, OR 97403. The phone number is (541)346-2510. You can keep a copy of this form to remember all this information.

If you agree to give permission for the school to provide your contact information to research staff if your child sustains a concussion/brain injury, you do not need to do anything.

If you do not agree to give permission for the school to provide your contact information to research staff if your child sustains a concussion/brain injury, please fill out the form below.

I DO NOT give consent for my child’s school to give UO research staff my contact information for the Return to School after TBI project. (Please sign the bottom portion of this form and return it to your child’s school.)

Child’s name: _____ Print Parent/Guardian name: _____
Parent/Guardian signature: _____ Date: _____



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