



## Informed Consent Form

**\*\*Note sample only so tailor to your specific study**

I am conducting a study about (insert general statement about the study). I invite you to participate in this research. You were selected as a participant because (explain how subject identified). Please read this form and ask any questions you may have before consenting to be in the study.

This study is being conducted by: (Indicate name of researcher, name of advisor, if applicable, Department affiliation).

### **Background Information:**

The purpose of this study is (Explain research purpose in clear, lay language. You may also wish to explain the benefits of this research to people other than the subject)

### **Procedures:**

If you participate in this study, I will ask you to do the following things. (Explain all tasks and procedures; subjects should be told about assignment to study groups, length of time for participation, frequency of procedures, etc.). You may ask questions of the researcher at any point in the study.

### **Risks and Benefits of Being in the Study:**

The study has several risks. First ( ), Second ( ), (Risk must be explained, including the likelihood of the risk and provisions made to reduce the risk.

There is no to minimal risk of emotional discomfort if you choose to participate in this study and be recorded. If needed for support, resources can be reached at XXX-XXX-XXXX and website.

There are no immediate benefits to you for participating in this study.

The direct benefits of your participation are: (If no benefit, state that here. Explain only direct benefits to the subject or students).

### **Confidentiality:**

In any publications of the results, pseudonyms will be used in place of names of participants or locations. The records of this study will be kept private. In any sort of report I publish, I will not include information that will make it possible to identify you in any way. Research records will be kept secured; my Judson University research advisor and I are the only people who will have access to the records. (If video or audio recordings are made, explain who will have access, if they will be used for educational purposes, and when they will be erased. Include how any other research records such as paper copies or photographs will be secured and stored for five years).

- **VIDEO RECORDINGS**

Classroom observations may be video recorded for data analysis, and portions of recordings may be presented in a professional context. Although real names will not be used in presentations of the research, and responses will be treated with confidentiality to anyone outside of the project research staff, participants might be identifiable to people who recognize them in video recorded artifacts. Recordings will be kept until completion of degree and destroyed immediately thereafter. Please sign below if you are willing to have your image recorded. You may still participate in this study if you are not willing to have your image recorded. If you are not willing to be video recorded, the camera will be situated in the classroom at an angle that will avoid capturing your image. Any unintentional video recording(s) of you will be edited to blur their image, causing them to be unrecognizable to viewers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- **AUDIO RECORDINGS**

Interviews may be audio recorded for data analysis, and portions of recordings may be presented in a professional context. Although real names will not be used in presentations of the research, and responses will be treated with confidentiality to anyone outside of the project research staff, participants might be identifiable to people who recognize them in audio recorded artifacts. Recordings will be kept until completion of degree and destroyed immediately thereafter. Please sign below if you are willing to have the interview(s) audio recorded. You may still participate in this study if you are not willing to have the interview(s) audio recorded.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you choose to participate but not be recorded, the researcher will.....

### **Voluntary Nature of the Study:**

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with your employer or Judson University. If you decide to participate, you are free to withdraw from the study at any time without penalty. Should you decide to withdraw from the study, data collected about you, or your students will only be used up to the point of your withdrawal.

## **Contacts and Questions**

My name is (Insert researcher name here). You may ask any questions you have now and at any point through the research process. If you have questions, you may contact me at (Insert email address. If researcher is a student, include Judson University advisor's name, email, and telephone number here.)

**You will be given a copy of this form to keep for your records.**

### **Statement of Consent:**

I have read the above information. My questions have been answered to my satisfaction. I give consent to participate in the study.

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**Printed Name of Participant**

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**Date**

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**Signature of Study Participant**

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**Date**

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**Signature of Researcher**

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**Date**