*School of Education*

**Study Title:** [*Title as listed on IRB application*]

**IRB Approval File Code:** *[Code listed within IRB Approval Email: ex: P091008009Q]*

**Researchers:**

*Principal Investigator: Your name, phone no., email*

*Research Advisor: Dr. Aïda Michlowski, Marian Professor*

My name is *(insert name*). As part of my master’s studies at Marian University, I am doing a classroom action research project*.* I am inviting you to take part in my research study. Your parent(s) know I am talking with you about this project, but it is up to you to decide if you want to be in the study. This form will tell you more about it to help you decide whether or not you want to take part in it.

**Why is this study being done?**

The purpose of the study is to help us learn about *(insert research focus topic).* You are being asked to take part because you are a student in my class.

**What am I being asked to do?**

If you decide to be in the study, I will ask you to *(describe what the child will be asked to do in*

*Provide a complete description of procedures, including:*

* *Each specific step involved and the chronological order in which they occur*
* *The estimated amount of time each will take, and the total time involved*
* *A description of questionnaires, surveys, and interviews and include examples of the most personal or sensitive information you will be seeking*
* *An explanation that the child doesn’t have to answer any question they don’t want to answer in any test, questionnaire, or interview*
* *A description of the use of medical, academic or other records*
* *An explanation of any results that will be given to the child or any other person or institutions.*

*If media recording is used, I will let you know and I you won’t record you without your permission.*

**What are the benefits to me for taking part in the study?**

*Describe potential benefits to the child, if any and those to society. Taking part in this research study may not help you get straight A’s, but it might help me learn how to help other kids get more information using technology.*

**Are there any risks to me if I am in this study?**

The potential risks of taking part in this study are no greater than minimal. For example you may undergo some physical discomfort, emotional stress, inconvenience, loss of time and breach of confidentiality. I will take every precaution to minimize these risks from happening, but should they occur, I will refer you to the guidance counselor, give you extra time to make up for work

**Will my information be kept private?**

The data for this study are coded and anonymous. The master list and the key will be kept separately in a restricted computer and a locked cabinet Neither the researcher(s) nor anyone else will know which data is yours. The data for this study will be kept private and confidential to the extent allowed by federal and state law. The aggregate data and summary results will be shared with my research advisor, the school principal and parents who may ask for the results. Under rare circumstances, your data you may be reviewed by MU officials or people from the organization or agency that funded the study. When we tell other people or write articles about what we learned in the study, we won’t include your name or that of anyone else who took part in the study. The data for this study will be kept for 3 years *.*

**Are there any costs or payments for being in this study?**

There will be no costs to you for taking part in this study. And you will not receive money or any other form of compensation for taking part in this study.

**What are my rights as a research study volunteer?**

Your participation in this research study is completely voluntary. You do not have to be a part of this study if you don’t want to. There will be no penalty to you if you choose not to take part and no one will be upset or angry at you. You may choose not to answer any questions you don’t want to answer, and you can change your mind and not be in the study at any time. If you decide to not be in the study, you will still take part in the activity but your data will not be used in the analysis.

**Who can I talk to if I have questions?**

If you have questions at any time, you can ask the researchers and you can talk to your parent about the study. We will give you a copy of this form to keep. If you have questions about the study, call Dr. naïve Michlowski (920) 923-8749 or email her at [amichlowski@marianuniversity.edu](mailto:amichlowski@marianuniversity.edu)

The Marian University Institutional Review Board has reviewed this study to make sure that the rights and safety of people who take part in the study are protected. If you have questions about your rights in the study, or if you are unhappy about something that happens to you in the study, you can contact them at (920) 923-8796 or orsp@marianuniversity.edu.

**What does my signature on this consent form mean?**

Your signature on this form means that:

* You understand the information given to you in this form
* You have been able to ask the researcher questions and state any concerns
* The researcher has answered your questions and concerns
* You believe you understand the research study and the potential benefits and risks that are involved.

**Study Title:** [*Title as listed on IRB application*]

**Researchers:** *[Restate researcher’s name(s).*

**Statement of Consent**

I give my voluntary consent to take part in this study. I will be given a copy of this consent document for my records.

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Signature of Participant Date

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Printed Name of Participant

**Statement of Person Obtaining Informed Consent**

I have carefully explained to the person taking part in the study what he or she can expect.

I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of participation.

I also certify that he or she:

* Speaks the language used to explain this research
* Reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her
* Does not have any problems that could make it hard to understand what it means to take part in this research.

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Signature of Person Obtaining Consent Date

\_\_\_\_\_\_\_Your Name Here\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Principal Investigator\_\_\_\_\_\_

Printed Name of Person Obtaining Consent Role in the Research Study