Hello! My name is <<Name>> and I am a <<doctoral>> student in the Education program at Regis University. I am conducting a research project for my senior capstone. This form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate as well as any known risks, inconveniences or discomforts that you may have while participating.

I encourage you to ask questions at any time and to talk to your parents about participating. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. You will be given a copy of this form to keep.

➢ PURPOSE AND BACKGROUND
As you know, <<Organization>> is participating in an effort by the Department of Education to improve students’ learning and retention of pre-calculus concepts. As part of my dissertation, I would like to videotape the pre-calculus lessons in your classroom and get copies of your course work to better evaluate the effectiveness of the new Mathematical Concepts in Pre-Calculus program.

➢ PROCEDURES
This study will include an observation of your engagement in your daily learning activities, as well as an analysis of your course work. This study will not require you to do anything above and beyond what you would be doing in class anyway. If you choose not to participate, you will remain in your classroom, but you will not be videotaped and copies of your course work will not be analyzed.

Your classroom will be videotaped during each of the pre-calculus lessons during the next month. As part of the pre-calculus lesson plan, you will be required to go up to the board and explain your solution and reasoning to a variety of pre-calculus problems. I would like to videotape your explanations. You will be videotaped in your normal classroom during normal course activities. It is estimated that the research study will take approximately 10 hours to complete. At no time will you be separated from peers or the teachers.

➢ RISKS/DISCOMFORTS
You may feel uncomfortable being videotaped, but the camera will be placed in a matter that should not distract you. If you ever feel too uncomfortable, you can ask not to be taped at any time. You may also stop your participation in the study at any time and you will continue to receive quality pre-calculus instruction in your classroom.

➢ EXTENT OF CONFIDENTIALITY
Reasonable efforts will be made to keep the personal information in your research record private and
confidential. Any identifiable information obtained in connection with this study will remain confidential and will be disclosed only with your permission or as required by law. The members of the research team and the funding agency (remove funding agency if study is not funded) may access the data.

Your name will not be used in any written reports or publications which result from this research, unless you have given explicit permission for us to do this (remove if not applicable to your study). Data will be kept for three years (per federal regulations) after the study is complete and then destroyed.

➢ BENEFITS
There will be no direct benefit to you from participating in this study. However, the information gained from this research may help education professionals better understand how students engage in pre-calculus learning activities.

➢ PAYMENT
There will be no payment to you as a result of taking part in this study.

➢ QUESTIONS
If you have any questions or concerns about participation in this study, you should first talk with the investigator <<Researcher Name, Phone, Email>>.

If you have questions about your rights as a research participant, you may contact the Regis University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. You may reach the board office by writing irb@regis.edu.

DOCUMENTATION OF CONSENT
I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement and possible risks have been explained to my satisfaction. I understand I can withdraw at any time. I have received a copy of this form.

I understand that I can choose not to participate in this study, or to withdraw from participating at any time. Declining participation will not interfere with my learning experiences in my classroom. I understand that by not participating in this study, I will be provided with the same activities and experiences as all other pre-calculus students.

__________________________________________
Printed Name of Study Participant

__________________________________________
Signature of Study Participant

__________________________________________
Date

__________________________________________
Signature of Person Obtaining Consent

__________________________________________
Date