Sample Informed Consent

Study Title:  
Principal Investigator:  
Co-Principal Investigator/Faculty Adviser:  
Sponsor:  

Dear Parent/Guardian:  

My name is <<Name>> and I am a doctoral student in the Education program at Regis University. I am asking for your permission to include your child in my research. This consent form will give you the information you will need to understand why this study is being done and why your child is being invited to participate. It will also describe what your child will need to do to participate as well as any known risks, inconveniences or discomforts that your child may have while participating. I encourage you to ask questions at any time. If you decide to allow your child 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 child’s classroom and obtain copies of their 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 child’s engagement in his/her daily learning activities, as well as an analysis of their course work. This study will not require your child to do anything above and beyond what they would be doing in class anyway. If you choose not to allow your child to participate, s/he will remain in their classroom, but they will not be videotaped and copies of their course work will not be analyzed.

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

- **Risks/Discomforts**  
  Your child may feel uncomfortable being videotaped, but the camera will be placed in a matter that should not distract them. You can ask for your child not to be taped at any time. Your child may also ask not to be taped at any time. You are able to remove your child from the study at any time and your child will continue to receive quality pre-calculus instruction in this 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).

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 your child 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 or your child as a result of your child 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 <<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 by writing irb@regis.edu.
DOCUMENTATION OF CONSENT

I have read this form and decided that my child will participate in the project described above. Its general purposes, the particulars of involvement and possible risks have been explained to my satisfaction. I will discuss this research study with my child and explain the procedures that will take place. I understand I can withdraw my child at any time.

Printed Name of Child

_________________________  __________________________  ____________
Printed Name of Parent/Guardian  Signature of Parent/Guardian  Date

Signature of Person Obtaining Consent  Date