

INFORMED CONSENT FORM

ATTACHMENT B

CLASSROOM RESEARCH

(Title of Research Project)

You are invited to participate in a study that will (purpose statement). In addition, this study is being conducted to fulfill the requirements of a class in (name of class). The study is conducted by (student name). Results will be used to (purpose) and to receive a grade in the course. (Student) can be reached at (phone/e-mail). This project is supervised by the course instructor, Dr. _____, Department, University of Denver, Denver, CO 80208, (phone number, e-mail address).

Participation in this study should take about ____ minutes of your time. Participation will involve responding to (#) questions about (question content). Participation in this project is strictly voluntary. The risks associated with this project are minimal. If, however, you experience discomfort you may discontinue the interview at any time. We respect your right to choose not to answer any questions that may make you feel uncomfortable. Refusal to participate or withdrawal from participation will involve no penalty or loss of benefits to which you are otherwise entitled.

Your responses will be identified by code number only and will be kept separate from information that could identify you. This is done to protect the confidentiality of your responses. Only the researcher will have access to your individual data and any reports generated as a result of this study will use only group averages and paraphrased wording. However, should any information contained in this study be the subject of a court order or lawful subpoena, the University of Denver might not be able to avoid compliance with the order or subpoena. Although no questions in this interview address it, we are required by law to tell you that if information is revealed concerning suicide, homicide, or child abuse and neglect, it is required by law that this be reported to the proper authorities.

If you have any concerns or complaints about how you were treated during the interview, please contact Susan Sadler, Chair, Institutional Review Board for the Protection of Human Subjects, at 303-871-3454, or Sylk Sotto-Santiago, Office of Research and Sponsored Programs at 303-871-4052 or write to either at the University of Denver, Office of Research and Sponsored Programs, 2199 S. University Blvd., Denver, CO 80208-2121.

You may keep this page for your records. Please sign the next page if you understand and agree to the above. If you do not understand any part of the above statement, please ask the researcher any questions you have.

I have read and understood the foregoing descriptions of the study called (name). I have asked for and received a satisfactory explanation of any language that I did not fully understand. I agree to participate in this study, and I understand that I may withdraw my consent at any time. I have received a copy of this consent form.

Signature _____ Date _____

(If appropriate, the following must be added.)

___ I agree to be audiotaped.

___ I do not agree to be audiotaped.

___ I agree to be videotaped.

___ I do not agree to videotaped.

Signature _____ Date _____

_____ I would like a summary of the results of this study to be mailed to me at the following postal or e-mail address: